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PIONEER SANITARIANS IN MICHIGAN

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Those early sanitarians with undaunted determination, started fearlessly on an uncharted sea, in a disputed and much doubted craft, but they knew that their vovage was one of human fate. Surrounded by shoals of discouragement and breakers of danger and despair, but with unfaltering faith and soulful vision fixed on the glorious goal of human welfare, it may be said to their everlasting credit and renown, they brought the good ship Sanitation through to the port of Fair Success in the haven of Hopes Attained.

—Henry A. Haigh, Dearborn.[4]

The establishment of a State Board of Health in Michigan on June 30, 1873, was the result of a long, continuous struggle by public-spirited physicians and laymen to prevent and control the spread of disease. Ever since it became known to the early settlers that certain diseases were quite as much to be feared as the aborigines themselves, organized efforts were repeatedly put forth by the practicing physicians of the State to find means for their control. In general, people lived in great fear of malaria, smallpox, diphtheria, scarlet fever, and the many other diseases prevalent at that time, but attempts to halt their spread were largely ineffectual, sporadic, and based entirely on erroneous beliefs. No less a personage than Noah Webster popularized the idea throughout the nation that infectious diseases were caused by the emanations from such nuisances as decaying animal and vegetable matter. Once this idea was established in the public mind the solution to the problem usually took the form of legislation for nuisance abatement.

The first law ever written in Michigan to preserve the health of the people was placed on the statute books in 1831. At that time the Legislative Council of the Territory of Michigan passed a law forbidding the slaughtering of animals or the cleaning and dressing of them within eighty rods of the Detroit River. The following year saw the enactment of the first legislation designed to set up an organization for local health administration. Because of its permissive nature, however, it was practically ignored by the people of the State. The same fate befell a law passed in 1846 creating the township, village, and city system of local health administration. In a word, very little legislation of any real permanent value relating to sanitary improvement was passed in Michigan[5] during the first half of the nineteenth century. Speaking of the country as a whole, Smillie, in his book, *Public Health Administration,* states that, "The period from 1800 to 1850 was marked by rapid expansion of the country but little growth in public health knowledge or administration."

The period from 1800 to 1835 saw much of Michigan Territory pass from the hands of the Indians to those of white settlers.

With the attainment of statehood in 1837 Michigan witnessed a sudden influx of immigrants, which continued well into the twentieth century. In 1800, while still a virgin territory, it had barely 3,200 inhabitants; by 1830 its population had increased to 31,639; and by 1850 the number of inhabitants reached a total of 397,654 persons, an unprecedented increase.[8] This multitude of people brought with them not only their cultural heritage and what few possessions they could carry, but disease as well.

Epidemic after epidemic[13] swept Michigan during this period, most of them coming from European ports to New York City and thence westward to Michigan and other neighboring Territories and States. Cholera visited Michigan in 1832, 1849, 1850, 1865 and again in 1886. Smallpox, typhus fever and yellow fever also followed the human march westward. Each time the state was seriously threatened our forefathers entrusted their lives to the efficacy of prayer and sulphur fumes. So it was with almost every disease. It took time for these people to understand the merits of clean hands and clean homes, just as today people are slow in comprehending that fumigation, a relic of pagan incense-burning, is useless for destroying bacterial life.

While the early pioneers were busy carving homes out of the wilderness and combating these diseases, there were taking place in England and in several of the New England states, events of great significance to them and to others seeking an understanding of the cause of epidemic diseases. At a time in man's history when disease was generally associated with the activity of demons or the decrees of the Almighty, there arose a figure in England, Edwin Chadwick,[8] whose efforts in behalf of sanitary reform were destined to have world-wide effect. A courageous person, he sought vainly to interest others in the need for preventive medicine, but his colleagues gave him little encouragement. He was thoroughly convinced that drainage, removal of refuse from streets and habitations, improved water supplies, proper ventilation, abatement of nuisances, and personal cleanliness were essential for preventing epidemic diseases and improving the health of Great Britain's laboring population. What is still more noteworthy was his advocation of the principle that sanitation belongs within the province of public administration. His famous report of 1842 on the sanitary conditions existing among the laboring population of Great Britain ultimately earned for him the well-deserved title of "Father of English Public Health." The establishment of the General Board of Health of Great Britain in 1848 is also credited to his efforts. But despite these significant achievements, history reveals his career to have been most tragic.[14]

Almost from the start of his public life, Chadwick was met by opposition to sanitary reform. Some of this was due to the cold indifference of his fellows towards matters of public health; but for the most part, it may be said that Chadwick created these difficulties by his own acts. Because of his contempt, which he did not hestitate to exhibit when encountering opposition to his plans, people soon looked with disfavor upon his work. Whenever opportunity presented itself, he denounced, with the greatest pleasure, the opponents of sanitary reform, regardless of their position in civil life. Although embittered by his long struggle over the Poor Law, and by the growing hostility of many of his colleagues, he set about soon after the creation of the General Board of Health to bring about widespread sanitary reform. Eventually, however, his enemies outmaneuvered him, and in 1854, by vote of Parliament, the General Board of Health was dissolved, and Chadwick put out of office. "Our modern Public Health system" (i.e., in England), writes Williams, "might have arisen from his brain. But he did not have the chance. His colleagues did not always trust him, and public opinion saw only a monster in human form who separated husband and wife in the new workhouses . . . Chadwick has been spoken of for so long as the father of English Public Health that we forget the evil twist which he gave it, and the tragic errors that have sprung from his arrogant dogmatism." Yet were it not for his struggle to bring about sanitary reform, England might have remained, like France, medieval in organized preventive medicine. He cleared the way for others who were to follow him. "If," as Williams further remarks, "from his brilliant assortment of gifts nature had not withheld the quality of tact, Chadwick would certainly have raised English preventive medicine to the level of accomplish-

ment comparable perhaps to the Navy."[14] Simon, in his great work, *English Sanitary Institutions,*[11] is also inclined to place upon Chadwick's shoulders the mantle of greatness which he deserved, and excuses his mistakes as the results of over-eagerness. In 1893, at the age of ninety, long after his short but eventful public career, Chadwick received the official recognition of knighthood for his past services.

In John Simon, Chadwick's successor to leadership in English Public Health, the champions of sanitary reform gained the support of an astute statesman. A shrewd, persuasive person, his wisdom in dealing with matters of public health soon earned for him the plaudits of the very individuals who had been angered at the tactics of the over-zealous Chadwick.

When the bill for maintaining the General Board of Health upon an annual basis became a law in 1855, Simon was made its first medical officer. This appointment undoubtedly marks the turning point of his career, and, although he had already achieved professional reputation as a surgeon, his future accomplishments as a sanitarian and administrator were destined to be far brighter.

Notwithstanding his resentment at the transfer of the Medical Department to the Privy Council, and the consequent subordination of his position, his labors for sanitary improvement ultimately met with signal success. His genius lay in his remarkable ability as an administrator. Much of what is still considered fundamental in public health organization in England and the United States today may be credited to his creative thinking. His efforts to place the work of the medical health officer on a high plane gained for him the appreciation of public health officials everywhere. For these achievements Simon is often referred to as the patron of all medical officers of health.

The period during which he held the position as medical officer saw changes take place which had tremendous influence upon the future of the public health movement. First, there was the passage of the great Sanitary Act of 1866. Simon's early years in the Medical Department were largely occupied with the preparation of this legislation. Fortunately for his career, an epidemic of cholera hastened its passage through the House of Commons, and perhaps this is one of the reasons why, to quote Simon, "the grammar of English Public Health Legislation acquired the novel virtue of the imperative mood." As a result of this Act it became the duty of local authorities to arrange for the inspection of their districts and to suppress nuisances.

The year 1872 saw the passage of the public health act which established a complete system of health authorities over the entire country independent of the Poor Law, a change which altered the entire course of Public Health in Great Britain. This was the first act of Parliament creating a distinct public health service.

But the most permanent achievement in state medicine to the credit of reformists of this period was the great Public Health Act of 1875, often referred to as the Magna Charta of English public health. This statute provided the foundation upon which most of the routine of Public Health Administration rests even to this day. It established the principle in Great Britain that preventive medicine should be separate from ordinary clinical practice.

Throughout this remarkable era in English sanitary reform, Simon labored unceasingly for the improvement of his department. His resignation in 1876 came as a distinct blow to the English Public Health Service, but his work continued to live. He had brought about constructive reforms which, if not very imposing, were far more lasting than Chadwick's work. He lived during a period which saw the early beginnings of the great movement in 1834 expand into one of the great departments of state. It had been his privilege to guide its development during the most trying years of English Public Health. Fortunately, he lived on into the modern period to see the public health spirit which he created accepted by governments and social reformers elsewhere.

During these two decades that saw the great awakening of the English people to the value of personal cleanliness as a remedial measure against various pestilences, "the people of the United States," writes Smith, "remained profoundly apathetic in relation to all questions of improvement of the public health and the prevention of epidemics."[12] A few cities had established health organizations during the early half of the nineteenth century. Most of them

based their practices on information which had filtered across the Atlantic. For the most part they were chiefly concerned with the construction of sewers, drainage of marshes, burial of the dead, and the planting of trees and vegetables. There were, however, some few students of sanitary science in different parts of the country who strove from time to time to awaken public interest in sanitary improvement of the home and municipality; but, in general, little progress was made.[10]

As was true in Great Britain, the movement for the establishment of public health institutions in the United States was due largely to the efforts of a few brilliant individuals. But for the struggles of Lemuel Shattuck of Boston and Dr. Stephen Smith in New York City this movement might have been indefinitely delayed in the United States. Of almost incalculable influence on the progress of the public health movement in the United States was the work of Shattuck, founder of the movement for the establishment of state boards of health, and Smith, indomitable leader for municipal sanitary reform. Truly, it may be said that organized public health work in the United States owes its origin to their pioneer successes.

While still a young man, Shattuck[6] showed signs of his creative genius. He exhibited an intense interest in the collection and tabulation of data, a habit which undoubtedly led him to write what is generally regarded as an excellent history of Concord, Massachusetts. Interest in his family tree led him to compile his own genealogy. It was this zeal for finding facts and compiling them which led him eventually to make his many contributions to sanitary advancement.

In 1837, his plan of arranging, printing, and preserving the Boston city documents was put into effect, and, as a result of his efforts, an act was passed in 1842 establishing the system for enumerating births, marriages and deaths in the city of Boston. His interest in statistics led him further to advocate and, in 1845, to carry out a sanitary survey of the city of Boston. His work in this survey, which is often referred to as the "Census of Boston in 1845," was considered so effective that he was later permitted to draw up an Act of Congress which gave Federal authority for the census. It was this undertaking which revealed to him for the first time the vast amount of sickness existent among the people. It startled him into new and significant activity.

At his instigation, the American Statistical Association appointed a committee in 1848 to urge the legislature of Massachusetts to make a sanitary survey of the entire state. As it happened, Shattuck was a member of the legislature at the time, and he worked assiduously for the passage of the Act. In this he was ably assisted by members of the Massachusetts Medical Society, and as a result of their combined efforts an act appointing a Sanitary Commission was passed on May 2, 1849. Perhaps because of his great interest in the plan and his knowledge of statistical practices, he was honored by being named chairman of the Commission. The report which followed a year later was the type of document one might expect from a person of his talents. It was monumental in its significance, providing the cornerstone for public health work in the United States. The document seems all the more remarkable when we realize that Shattuck was a layman, and that he prepared this famous document practically unassisted. Some idea of his broad understanding of the health problems existent at that time may be gained from the following statements appearing in the introduction to the Report:

> We believe that the conditions of perfect health, either public or personal, are seldom or never attained, though attainable; that the average length of human life may be very much extended, and its physical power greatly augmented; that in every year, within this Commonwealth, thousands of lives are lost which might have been saved; that tens of thousands of cases of sickness occur, which might have been prevented; that a vast amount of unnecessarily impaired health and physical debility exists among those not actually confined by sickness; that these preventable evils require an enormous expenditure and loss of money, and impose upon the people unnumbered and immeasurable calamities, pecuniary, social, physical, mental, and moral, which might be avoided; that means exist, within our reach, for their mitigation or removal; and that measures for prevention will effect infinitely more than remedies for the cure of disease.[9]

Shattuck's remarkable foresight is evidenced in the fact that this now famous document remains even in our day a model of completeness. His recommendations were so comprehensive in nature that some of them have yet to be carried out. In the report he appealed for new laws to establish both local and state boards of health.

Authority for the quarantine of ships was suggested. Supervision of the insane was to be assigned to state boards of health. Public registration of births, deaths, and marriages was advocated. In brief, his recommendations touched upon nearly every field of public health.

On April 25, 1850, this document was given to the General Court with a bill advising its adoption. Tragically enough, both were tabled, and Shattuck died in 1859 before the report was finally resurrected to be used as a guide by the founders of the State Board of Health of Massachusetts nineteen years later.[6]

During this same period, there were taking place in New York City similar events which were destined to culminate in the passage of the most complete piece of municipal health legislation ever placed on the books of any municipality—the Metropolitan Health Bill. The passage of this Bill in 1866 had a profound effect on sanitary practices in New York City and in other large cities which adopted similar legislation. Within a decade nearly every large municipality in the land had its health laws and sanitary ordinances, and a competent authority to enforce them. For this remarkable advancement the American people are indebted to Dr. Stephen Smith of New York City, whose achievement and brilliant personality are vividly revealed in his book, *The City That Was.*

The passage of the Metropolitan Health Bill in New York City and the establishment three years later of the Massachusetts State Board of Health mark the beginning of a new era in municipal and state health organization in the United States. Within a year Dr. Thomas M. Logan of California put through the legislation almost single-handed in that state which brought into being the California State Board of Health, the second of its kind. With its establishment[2] in April of 1870, he became its first secretary. In 1872, still another State Board of Health was established, this in the State of Virginia, and in 1873 Michigan became the fourth state to adopt the plan.

The story surrounding the establishment of the Michigan State Board of Health is most fascinating. Encumbered by almost impenetrable forests and dense undergrowth, and having roads hardly deserving the name, the inhabitants of Michigan faced sufficiently grim obstacles in their physical environment, without the illness and disease which were added to their hardships. Were it not for the foresight and intelligence of certain practicing physicians[5] in the state, it is doubtful that Michigan would have emerged from its unsanitary conditions as early as it actually did. But it is remarkable enough that the movement for sanitary reform should have found the strong adherents it did in a state as new as was Michigan in 1873.

Inspired by the tremendous advances in sanitary legislation occurring in the East, these pioneer sanitarians—Dr. Henry B. Baker, Dr. Ira H. Bartholomew, Dr. Robert C. Kedzie, and Dr. Homer O. Hitchcock, and their many friends—set about early in 1869 to enlist support for similar legislation in this state. To their efforts and those of their many adherents, the movement for the establishment of a state board of health in Michigan owes its birth.[4] These men were not solely physicians. They were exceedingly courageous, brilliant and industrious leaders—men imbued with ideals that ultimately earned for them the title, "saints and apostles of the 19th century."[7]

Pre-eminent among them was Dr. Henry B. Baker. He was a quiet and unassuming figure, and is the man whom history will record as the *father of public health work in Michigan.*[4] To him belongs the credit for initiating this humanitarian movement in our state. His genius and boundless energy kindled in others the ardor which ultimately led to the establishment of the State Board of Health, and which carried it through the vicissitudes of its early years. He devoted practically his entire professional life to his state—a period of thirty-five years, during which he dedicated himself zealously to the task of saving lives and preventing misery among the people of Michigan.

It was Dr. Baker's experience as an army surgeon during the Civil War which undoubtedly gave him his ideas for a state health service. He was not unaware, however, of the movement for sanitary reform in the states of Massachusetts and New York. As MacClure points out, "the move for a State Board of Health would have been less vigorous had it not been that similar action had been taken in Massachusetts."[5] As a regimental surgeon, Dr. Baker received extensive instructions from the

Surgeon-General's office, all of them relating to the prevention of sickness. Evidently greatly impressed by the efficiency of army life, he returned to his home, following his discharge, imbued with the idea that lives could be saved on a large scale by centralizing public efforts at improving health in a state public health service and educating the public in the prevention of disease. The movement in Massachusetts only served to crystallize the ideas which Dr. Baker had in mind.

So enthusiastic was Dr. Baker over the possibilities of his plan, he could not be restrained from telling others. His partner in medical practice, Dr. Ira H. Bartholomew, was the first to be consulted. But Dr. Bartholomew, kindly man though he was, paid little attention at first to his over-zealous young partner; on one occasion he was led to reply to Dr. Baker, "One man can do nothing."[5] To Dr. Bartholomew such a plan was unthinkable at so tumultuous and exciting a time, with people's thoughts and energies concentrated upon the problems of post-war reconstruction. Under these circumstances some men would have faltered, but not Dr. Baker. Aided somewhat by the success of the movement for the registration of vital statistics, and his opportunities to contact others while State Registrar of Vital Statistics, he persisted. During medical meetings he fairly bubbled over with his ideas, offered resolution after resolution purporting to show the reasonableness of his plans. But few of his colleagues paid much attention to him. Had not Dr. Bartholomew finally become convinced that Dr. Baker's plans were practicable, it is uncertain just how events would have shaped themselves. It is of historical importance, however, that the enthusiasm of these two men spread to others in the State Medical Society, for out of this enthusiasm came the impetus which finally led to the establishment of the Michigan State Board of Health. Fate decreed, however, that Baker should play a leading role in the future activities of the Board as its secretary; ironically enough, Dr. Bartholomew was eliminated because of a constitutional provision stating that no member of the legislature could receive an appointment to a board created by the legislature of which he was a member.

During his entire career as secretary of the State Board of Health, Dr. Baker was ever the energetic student seeking and devising new ways for dealing with the problems which confronted him. His quiet, scholarly habits enabled him to overcome the many obstacles in his work, some of them man-made. In the face of efforts made by unscrupulous business men or disgruntled legislators to have him removed from office because of his exposure of frauds and unhealthy conditions, he struggled on, often against almost insuperable odds. Had it not been that he was possessed of almost superhuman energy, it is doubtful whether the Board would have made such an outstanding record.

Neither orator nor politician, he rarely took the floor in debate unless the subject under discussion concerned his immediate work or some academic problem relating to his field of interest. On these occasions his remarks compelled the attention of all who heard him. Entirely devoid of the spectacular, his speeches were straightforward and businesslike, his language crisp and serious.

In appearance Dr. Baker was quite unassuming, yet his face fairly radiated his strong will and the boundless energy which he possessed. While at his office he was nearly always to be found attired in a frock coat. He was exceedingly neat of person, and his appearance lent a dignity to his office which few others could hope to emulate. In the small corner of a room in the state capitol building, where he worked, he often sat for hours at a time deeply immersed in the problems which confronted him. This was his workshop, as he referred to it.

As the work of the Board became known elsewhere, his ability was widely recognized in sanitary and medical circles, and he was frequently tempted to direct a part of his energies into other promising occupations, some of them far more renumerative than the one to which he was devoting himself. However, he continued to give his whole time and energies to the state in return for a very small salary, so meager a salary, in fact, that he had little left on retirement.

During the thirty-five years that he served his state, many honors[5] were bestowed on him. He was made a corresponding member of the French Society of Hygiene in June, 1884, and later an honorary member. In 1890, the American Public Health Association honored him by elevating him to the

presidency. At one time he was vice-president of the American Social Science Association. He was frequently referred to by his colleagues in this country and abroad as "the efficient secretary of the Michigan State Board of Health." His original ideas and methods for the administration of public health brought him recognition from various sources. The centralized plan for public health administration, or the "Michigan Plan," as it is often referred to, was a product of his genius, an achievement that was copied by the majority of the states setting up boards of health after 1873. Michigan may well be proud of his distinguished record and the influence which he exerted on others of his time.

In Dr. Ira H. Bartholomew, Dr. Baker had a friend who not only listened to his plans, but who also labored in his behalf. Dr. Bartholomew took a keen interest in the ideas of his friend and colleague, and with his election to the legislature as a representative from Ingham County in 1872, he set about to secure the passage of the bill establishing a state board of health. His success in this venture marked the climax of his public career—a fitting achievement for a man of his ability.

Dr. Bartholomew was a man of strong individual tastes and habits, characteristics which made him a leader as well as a steadfast friend of many of his associates. Beloved by children, who flocked around him whenever he appeared in public, and admired by those adults for whom he cared, he had comparatively little difficulty in rallying supporters to the cause of sanitary reform. His large practice brought him in contact with many of the leaders of official Lansing, and the friendships he made in this way undoubtedly had much to do with his political successes. Three times the people elected him their mayor. In 1868, he was named president of the Central Michigan Agricultural Society. In 1870, the Michigan State Medical Society named him its fifth president; and in 1872 he was elected to the legislature by the people of Ingham County. This last office he undertook primarily to secure the establishment of a State Board of Health.[5]

Undoubtedly much of his success may be attributed to his great personal charm and lively intellect. While to the world at large he appeared to be somewhat dignified, though a voluble physician, yet within the homes of his clients he endeared himself by his genial, sparkling wit, and his knowledge of the better things in literature. He was indeed a man of ripe learning, very bookish, an excellent physician, and withal inclined to be friendly to everyone. Both his fondness for people and his intellectual vigor led him, whenever occasion arose, to take an active part in friendly debate.

According to some of his acquaintances, Dr. Bartholomew was decidedly handsome in appearance, which no doubt helped to enhance his popularity. He was described as being rather tall, spare, dark-haired, dark-eyed, and red-bearded. His nose was large and aquiline. On ordinary occasions his attire was entirely conventional. However, on formal occasions he embellished himself with a silk hat, long black coat, and a figured silk waistcoat.

In some ways he was regarded as something of a radical. He used to boast among his immediate friends that he was the first man in Lansing to read Darwin's *Origin of Species*. He rejected all orthodox Christian creeds, and, if chided, he would rise to the occasion and declaim against hell, the fall of man, vicarious atonement, predestination, and other canons of the faith. One must not assume from this, however, that Dr. Bartholomew was a man inclined to be coldly rational and unsympathetic. Actually, he was very tender-hearted. He loved children, and when there were no patients who required his attention, he would retire to the rear of his office where, in a fully-equipped carpenter shop, he took great joy in carving whistles, bows and arrows, kites, and other playthings which he gave to the neighbors' children. As a result they came to his office in large numbers. Occasionally, he entertained them with tunes produced by a fiddle of his own making, and it is said that he could wield the bow with great dexterity. But pious mothers, hearing of his views concerning religion, were quick to warn their children not to visit the doctor's office because he was "a wicked man who did not believe in hell."

All during his public career he was greatly incapacitated by rheumatism. A pulmonary disturbance also caused him much distress at times. All through the winter months he resorted to buckskin underclothes to protect himself against the cold which

he feared. While indoors he kept the temperature in his office hovering in the neighborhood of ninety degrees Fahrenheit. It is said that he always feared the day when his lungs would "go wrong" for he said that he would die of pulmonary trouble. This fear eventually proved to have been well founded.

Notwithstanding his several eccentricities and his endearing sentimentalities, Dr. I. H. Bartholomew[1] exterted a leader's influence on physicians and laymen alike during the years he and his colleagues struggled for the creation of the State Board of Health.

Fortunately for Dr. Baker and Dr. Bartholomew, they were greatly assisted in their efforts by Dr. Robert C. Kedzie, professor of chemistry at Michigan Agricultural College in East Lansing. While Dr. Baker went about endeavoring to interest others in his plans, and Dr. Bartholomew strove to introduce a bill into the legislature for the establishment of a state board of health, Professor Kedzie did his utmost by lecture and demonstration in the legislative halls to convince the law-makers of the existing dangers arising from the use of poisonous wall paper, water contaminated with the causative agent of typhoid fever, and dangerous illuminating oils. To lend reality to his lectures he frequently resorted to the use of experiments to show the explosiveness of kerosene oils that were brought into the state, all of which served most effectively to demonstrate the material reasons for the proposed health legislation.[5]

With the establishment of the State Board of Health, and his appointment as one of its first members, Dr. Kedzie continued his interest in illuminating oils. It being apparent to him that the life and health of the people were being jeopardized by reason of these inflammable oils, he undertook the examination of samples from various parts of the state. The results of these researches were made known by him in an article published in the annual report of the Board for 1873. This is especially noteworthy since it had an important bearing on subsequent action of the Board and Legislature.

Another problem which engaged his attention was the use of arsenic in wall paper and in paints. It was a common practice among manufacturers of paper to use arsenic in the coloring of wall paper. It was also used to color paints which were applied to pumps, cups, pencils, and children's toys. Dr. Kedzie's interest in this subject was aroused when it came to his attention that people using these articles acquired a "mysterious" illness which was thought by many to be consumption. Several persons were reported to have succumbed to the ailment. With his discovery of the relation of the complaints to the presence in the home of green wall paper and the consequent disappearance of complaints when the paper was removed or the person made to sleep in other quarters, he published a book, *Shadows from the Walls of Death.*[5] This was placed in numerous ladies' libraries for the purpose of informing the people throughout the state of the danger, and the exact kinds of wall paper which were dangerous.

These investigations and many others performed by Professor Kedzie aroused great opposition among the oil companies, paper manufacturers, and other commercial interests concerned. As a consequence, he, and for that matter the entire Board, was much maligned by representatives of such firms. Repeated efforts were made to have Professor Kedzie and his associates on the Board removed from office, but, fortunately for the people, all of these attempts were unsuccessful.

Besides his investigation of inflammable oils and poisonous wall paper, Professor Kedzie made for the Board other equally exhaustive studies of the magnetic condition of mineral wells in the state, the relation of soil water to health, meteorological conditions, outbreaks of food-poisoning, school hygiene, and other kindred problems related to the public health. He was also renowned the country over for his chemical investigations of agricultural problems.

Dr. Kedzie[5] was known generally as a big man both physically and mentally. He had a large head, high brow, firm chin, prominent nose, blue, penetrating eyes, and a countenance which was kindly. He was both quick in wit and in speech. His heavy voice enabled him to be heard very readily whenever he made one of his numerous speeches. It is small wonder that, with characteristics such as these, he was enabled to withstand the hardships and criticism which he encountered in his investigations as a member of the Board. His was a dynamic personality unaffected by the petty

annoyances caused by disgruntled persons and men of lesser intellect.

If one may judge from his many achievements, it may well be said that the Board was fortunate indeed to have a man of his capacity as one of its first members. Some thirty-two valuable papers on questions of public health testify to his keen interest in the work of the Board. His travels in its behalf took him to all parts of the State, and he was in constant demand at sanitary conventions. He was appointed for a third term to the Board on March 22, 1881, by Governor Jerome but declined at the request of the State Board of Agriculture of the Michigan Agricultural College. His loss was keenly felt by his colleagues, as may be judged by their resolutions of regret upon his retirement.

In addition to the many honors which came to him during the eight years he served as a member of the State Board of Health, he received many others which attest still more to his greatness. In 1867, he represented Ingham County in the Michigan Legislature. In 1874, he became the ninth president of the Michigan State Medical Society. While a member of the State Board of Health he was made its president for a period of four years. At various times he was president of the American Public Health Association and the Sanitary Council of the Mississippi Valley, vice-president of the American Medical Association and the American Association for the advancement of Science. He was also a Fellow of the American Academy of Medicine. In 1898, in recognition of his eminent services as a scientific investigator and of the high positions he attained during his career among scientists of the United States, the honorary degree of Doctor of Science was conferred on him by the Michigan State Board of Agriculture. He was truly a great man, and a brilliant contributor to the progress of the public health movement in Michigan.

The fourth member of this remarkable group of personalities, Dr. Homer O. Hitchcock, also played a most significant rôle in the events surrounding the creation of the State Board of Health. He was a man of unusual general cultural and professional attainments. As a result, he was held in high esteem by friends, including laymen as well as professional colleagues. He had an extremely large practice in Kalamazoo; people came from miles around to secure his services. As one of Michigan's leading surgeons, he attained a position of prominence which he maintained almost up to the year of his death. His greatest delight in life was his work, the practice of medicine and surgery.

Having taken a leading part in the movement for sanitary reform as president of the Michigan State Medical Society, he was honored by Governor Bagley in being the first-named member of the State Board of Health. At the Governor's request he was asked to organize that body, and in deference to his position of leadership, the newly constituted Board named him its first president. He served the people of the state with great credit to himself until 1880, at which time, because of a feeling that he could not longer spare adequate time from his practice, he resigned. During the years that he remained a member of the Board he devoted himself wholeheartedly to the task of improving the public health. His chief work on the Board was in connection with the education of the people to the dangers resulting from the use of alcohol.

Whenever he conceived anything to be a duty, its performance became to him a necessity. It was this spirit which characterized his work during the years of his association with the Board. He conducted the work of the Board with a dignity which only a man of his culture and position in life could have given to it. Had it not been for his dauntless spirit, the work of the Board might have collapsed on several occasions because of the opposition and taunts of commercial interests. He, however, infused his own courage into members of the Board when conditions appeared unfavorable to their progress, and he succeeded in holding them together during this most critical period in the Board's history. He filled a place which only a leader of his stature could have done.

Dr. Hitchcock was the typical polished gentleman of the old school, dignified, polite, well-dressed, and extremely pleasant. Few persons ever came to make his acquaintance, it is said, without forming a genuine liking for him. He was extremely zealous in his work as a member of the State Board of Health; nearly every meeting found him taking an active part in the

program. Although encumbered somewhat by an unfortunate habit of stammering, he let nothing stand in his way during general debate. His clear, mellow voice was to be heard frequently on such occasions despite his handicap. His pleasant manner and affable nature secured for him many friends, friends who stood by him while he and his colleagues struggled to promote the work of the State Board of Health.

Such, in brief, is the story of the men whom history records as having pioneered in the establishment and early accomplishments of the Michigan State Board of Health. Needless to say, they did not work alone, nor could they have accomplished what they did had it not been for the pioneer work of others, or the labors of friends who, like themselves, believed implicitly in their cause. Among the more prominent of these people, the following names deserve to be mentioned: Dr. W. E. Jenks of Detroit, Dr. A. B. Palmer of Ann Arbor, Senator H. H. Wheeler of Lansing, The Hon. L. D. Watkins of Manchester, Dr. Manly Miles of Lansing, Dr. A. F. Whelan of Hillsdale, Stephen D. Bingham of Lansing, Dr. S. S. French of Battle Creek, Benjamin B. Baker of Lansing, Dr. E. J. Bonine of Niles, Dr. H. H. Beech of Coldwater, Dr. George E. Ranney of Lansing, Dr. Henry F. Lyster of Detroit, Rev. John S. Goodman of Saginaw, Dr. Zina Pitcher of Detroit, Dr. Henry Taylor of Mt. Clemens, Dr. S. L. Andrews of Romeo, Dr. J. H. Kellogg of Battle Creek, Dr. J. H. Jerome of Saginaw, Dr. Zenas Bliss of Grand Rapids, Dr. Arthur Hazelwood of Grand Rapids, Rev. Charles H. Brigham of Ann Arbor, Rev. Daniel C. Jacokes of Pontiac, and the Hon. LeRoy Parker of Flint.

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INCIDENCE OF IDIOPATHIC HYPERTENSION IN THE YOUNG

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There is a tendency on the part of the practitioner of medicine to regard malignant or idiopathic hypertension as a disease of the forties, with the exceptional case that which appears in earlier life.

The question arises in my mind whether this choice of an age group may not be due to the fact that blood pressures are infrequently taken in the case of the younger individual. In other words, as we become older intercurrent conditions arise, or symptoms develop which take us to the physician for the express purpose of "having our blood pressure taken." This hypertension is then discovered and attributed to the age of the patient whereas an earlier examination might very possibly have at least disclosed a beginning hypertension of less severity.

In the consideration of this phenomenon, I was particularly fortunate in being placed in the position of examiner for over 10,000 women, between the ages of twenty and thirty, over a period of ten years while serving as Medical Examiner for the Board of Education of the City of Detroit.

These women, in the great majority in good health, many in fact giving exceptional histories, were recent college graduates, applying for positions as teachers.

Among other outstanding observations was this variation in blood pressure, for while the majority ranged around 120 mm. of mercury systolic and under, about one in twenty showed a rise of from twenty to thirty millimeters or more. These rises in systolic pressure were not psychic as a rule but rather persistent over a series of tests.

In only about 0.1 per cent was any causative factor isolated, though in each case a careful urinalysis was made and further tests where possible. Of course, aside from those whose systolic tension was 200 mm. or over and those engaged in Health Education little further study could be made.

The first case of this sort to come to my attention, and probably that which attracted my interest in this factor, was that of a friend. Her condition was accidentally discovered in the course of a routine examination for gymnasium work and she was referred to me as her personal physician.

Case 1.—Miss H. was twenty-six years old when she came to me in October, 1922. She made no complaint of any description. Her grandparents on both sides were living and well, all being in their late seventies and eighties. Her father was living and well and her mother living but personal knowledge of the case gave me the information that she had a similar hypertension which when discovered at the age of forty-eight was 240/100 mm. One brother was living and well.

A complete physical examination failed to disclose any pathological or neurological cause for the hypertension. The weight was 118, height 5.6, pulse 80, temperature 98.6, blood pressure 150/80, urinalysis and blood examination negative. Examination of the fundus oculi showed no change in the retinal vessels. She was advised to avoid unnecessary exertion and to keep careful track of her condition.

I am only recording a few of these calls. January 21, 1929—Patient reported for regular check and it was found that while her blood pressure was only 135/80 mm., her hemoglobin was 50 per cent and the red cell count only 2,830,000. Actinotherapy, together with iron and arsenic subcutaneously, was instituted with prompt response. In May of the same year, she had a red cell count of 4,210,000 with the hemoglobin 85 per cent and her blood pressure had returned to 155/80 mm. In June of this year, the mother had a severe cerebral hemorrhage without having developed any prodromal symptoms. February, 1930—Hemoglobin 50 per cent, red blood cells, 3,500,000, blood pressure 165/90. Treatment was again instituted and in March the blood count had risen to 5,360,000, the hemoglobin to 90 per cent and the blood pressure was 160/80 mm. June 5, 1930, the mother died of a second cerebral hemorrhage. September, 1931, patient complained of difficulty sleeping. Blood pressure 165/100 mm. November, 1931, insomnia continued. Blood pressure 165/75 mm. January, 1933, blood pressure 180/100. Patient was advised to take a vacation of a few weeks. She showed no improvement. Still no symptoms except insomnia.

As has been seen, at intervals during these years, a secondary anemia developed and since there was a mild menorrhagia it was decided to administer a small dose of radium. At the time of examination prior to this operation a fair sized benign breast tumor was discovered and immediately removed. The radium was inserted at this time. Following this operation in 1935, the patient was put on small daily doses of luminal and nitroglycerine and since that time, under this medication, the blood pressure has remained between 130 mm. and 150 mm. systolic. The menorrhagia reacted to the treatment though she still has regular menses. Her insomnia has disappeared, her weight is 136 and her general health good.

The above is the only case I have been able to follow. In the 500 other cases isolated we were able to get only meager histories and routine examinations. Only twenty returned for re-examination following illness or some other form of leave-of-absence but these consistently showed the total absence of symptoms and gradual increase in tension pictured in the case of Miss H.

An interesting sidelight on the case of Miss H., which may or may not have bearing, is that, on the distaff side, the family carries a quite typical history of hemophilia, attacking only the males and appearing every second generation. The mother's brothers died of hemophilia in early youth, she has a perfectly healthy brother but a first cousin has one son who is hemophiliac.

The absence of any "follow-up" in these cases lowers the value of the information but the presence of this factor in so many otherwise normal individuals opens a field for conjecture and investigation.

Beaumont Foundation Lecture

THE SPECIFIC THERAPY OF THE PNEUMONIAS*

II. Serum Therapy of the Pneumonias

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The evolution of serum therapy for the pneumonias is a fascinating chapter in the history of the application of knowledge to the cure of disease; the most important events in that development are here chronicled.

Following identification of the pneumococcus as the etiological agent of pneumonia, by Pasteur and Sternberg, a considerable amount of interest was naturally displayed in the organism, its cultural, biochemical and immunological properties. Pioneer work in this direction was carried out by Weichselbaum, by Fraenkel and by Friedlander; this careful descriptive work paved the way for the researches of Neufeld. Neufeld's work with the immunologic characters of the organism was the foundation for the development of serum therapy. In 1891 the Klemperers had already demonstrated that animals susceptible to pneumonia might be rendered resistant to infection by preliminary injections of spaced doses of pneumococci, beginning with dead organisms. They showed at that time that a small amount of serum from such an injected animal, if simultaneously given with a fatal dose, would protect a second susceptible animal. Little effect was obtained when the serum was given afterwards. As a consequence of such observations, and with the growing interest in the field of immunology, attention was focussed upon these humoral mechanisms which obviously played a part in recovery. The Klemperers applied this in practice as did Elser in New York. In 1902 Neufeld and his coworkers demonstrated that, at the time of crisis, substances appeared in the serum of pneumonia patients capable of protecting mice. Soon Neufeld prepared a serum for the pneumococcus by injecting a horse with spaced doses of a pure pneumococcus strain. He discovered that his serum was effective in agglutinating only some of a series of pneumococcal strains. These observations were the first evidence of serologically distinct pneumococcus types. Neufeld, interested in the possible application of his serum to the treatment of the disease, thought to solve the problem of multiple types by preparing a polyvalent serum against several discrete strains. By this time, too, Clough and Dochez had confirmed Neufeld's observations and Clough demonstrated that immune serum stimulated phagocytosis. Cole and Dochez undertook a more careful study of the various pneumococcus strains and succeeded in establishing the identity of pneumococcus I, II and III and the existence of a fourth group of unidentified strains. These were later classified by Cooper and her coworkers. Sera were prepared against the first two types, the third having been found antigenically poor in horses. Treatment was initiated in a few cases at the Hospital of the Rockefeller Institute. By this time, several German clinicians had been attempting the treatment of the disease with Neufeld's serum, and met with little success. Neufeld and Ungerman, working with pneumonia produced by injections of pneumococci into the lungs of guinea pigs, showed that such infections could be cured by injecting enough serum if treatment was started within 3 hours. From their further work on threshold concentration, it quickly became apparent that an insufficient dose was being prescribed for patients. In 1919 Cole reported the first series of cases treated in this country; fourteen of type I and three of type II,—one died in each group. There had been eight bacteremic cases and in all the blood cultures were sterilized after one treatment. Cole's series had been treated with the larger doses indicated by Neufeld's work. An outbreak of pneumonia in an army camp had shown extremely poor results with serum treatment. An analysis

*Part I appeared in the July, 1939, issue of THE JOURNAL.

of the method of treatment by Cole revealed that the dose had been inadequate and late.

Just as there had been considerable interest in the humoral response of the patient recovering by spontaneous crisis, much attention was now paid to the immune state of the serum-treated patients. Dochez soon demonstrated that the serum of treated patients showed the presence, in considerable amounts, of protective substances shortly following the administration of one dose —even though the serum had been administered early in the disease, at a period when such protective substances are not otherwise present.

The importance of humoral factors in recovery from pneumonia, as the basis for serum therapy, now seemed established. New problems presented themselves as study and observation broadened, particularly when the disease was reproduced in higher animals. Blake and Cecil, in 1920, adopting an unpublished technic of Opie, produced a pneumococcus lobar pneumonia in monkeys by non-traumatic intratracheal injections. Certain observations were made by them on the experimental disease which today are duplicated in studies on patients; observations which indicate the complexity of the recovery phenomena in pneumonia. They describe monkeys in whom a crisis occurred with pneumococcus septicemia persisting for forty-eight hours after crisis. In several instances, a critical fall in temperature occurred about the seventh to ninth day with subsequent return of fever and death several days later. Autopsy here revealed resolving pneumonia and apparently persisting pneumococcal sepsis. Pneumococci might, in other cases, disappear from the blood, but crises failed to occur and the monkeys died showing unresolved pneumonia and pneumococci present in the lung. Mechanisms other than humoral were apparently necessary for recovery.

It became evident that lobar pneumonia could occur in the presence of normal pneumococcidal activity of the blood and Blake and Cecil observed that monkey serum might be entirely free from protective antibodies and yet such an animal might possess a high degree of immunity against pneumonia. On the other hand, the serum of a vaccinated monkey might protect mice against 100 or even 1,000 lethal doses of pneumococci and the monkey might be susceptible to pneumococcal pneumonia. Blake and Cecil, and more recently Robertson, came to look upon the disease as two distinct processes, a local lesion and a generalized infection. Though ultimate recovery must depend upon the ability of the individual to prevent or terminate the general infection (humoral immunity), it does not follow that recovery from the local process after resolution of the pneumococcic consolidation need be either coincident with recovery from the general infection or dependent upon the same mechanism. In fact, it seems well established that recovery from the general pneumococcic infection precedes, by several days, recovery from the disease by crisis. In this regard, of course, it is well known from Rosenau's earliest observations in the early 1900's, that a bacteremia was of common occurrence in the early stages of the disease and might subside several days prior to the actual critical recovery. Blake and Cecil concluded that it seems not improbable that at least a dual mechanism may be concerned in bringing about final recovery from lobar pneumonia. It might not be unwarranted, at this time, to indicate that these local recovery factors are far more mysterious than the humoral and less susceptible to the kind of controlled observations which are made on humoral mechanisms. For that reason, studies on serum responses and behavior far exceed those on the factors involved in local recovery.

Concerning these aspects of pneumonia, Simon Flexner, in 1911, in an introduction to a paper by R. V. Lamar, made the following observations: "The phenomenon of recovery from any local bacterial infection has not been fully explained and it is not wholly accounted for by the several activities of blood serum and phagocytes which have often been viewed as gradually overcoming and removing the offending and bacterial agents. Indeed, this restrictive view has never been fairly established either by direct observations upon human beings or animals, or through experiments, and it leaves out of account the effects of certain chemical substances other than antibodies, which are always present in a focus in which tissues and cells are disintegrating." Lamar studied the effect of soaps on pneumococci and found that only in the presence of immune serum was the lysis of soaped

organisms complete. With non-immune serum, lysis was only delayed. Immune serum alone did not cause lysis. Whether sulfapyridine will confer a new power on immune serum remains to be seen. Serotherapy has accomplished much.

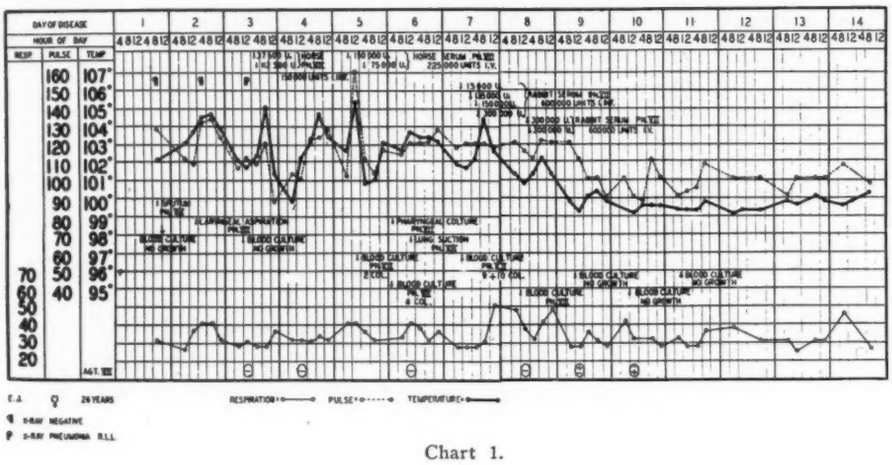


Chart 1.

In my discussion last evening, I referred to serum therapy as a yard stick for measuring achievement in specific therapy of the pneumonias, but it must be a yard stick in good condition and properly handled. Successful serum therapy of the pneumonias depends upon early, precise, and complete knowledge of their etiology. Early diagnosis implies alert interpretation of history, physical signs, and laboratory findings. Well-marked lobar consolidation connotes an inflammation no longer in the stage of congestion but one in which there is an exudate. No competent surgeon waits for a mass to appear in the abdomen before considering the diagnosis of appendicitis, and by the same token a physician should not wait for definite tubular breathing with an involvement of lobar configuration in order to diagnose lobar pneumonia. A chill, rise of temperature, pain in the side of the chest, cough with rusty sputum, detection of dullness, and the crepitant or consonating râle should be followed by a white blood count and radiographic examination, typing of sputum, and a blood culture. When several of these symptoms or signs are present, pneumonia should be the working diagnosis.

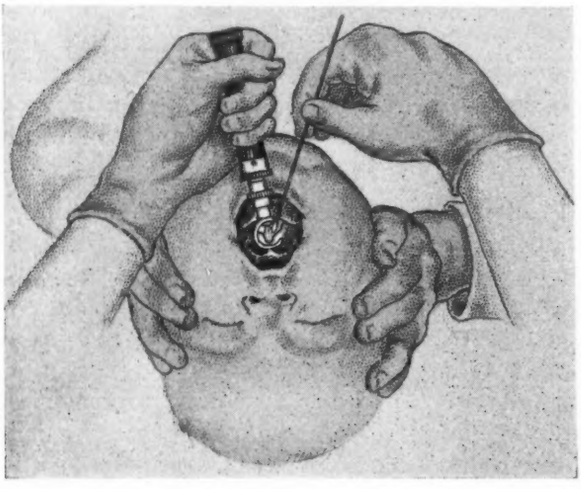


Fig. 1.

Case 1.—The case of E. J., aged twenty-six years, is illustrative. She was admitted on the first day of her illness with pneumococcus VII lobar pneumonia, with a typical history of chill and cough with rusty sputum, a temperature 102° F., pulse 120 and respirations 30. There were neither physical signs nor x-ray evidence of consolidation. On the second day, another x-ray was taken and no radiopacity was present, and from the physical signs in the chest the presence of pneumonia could not be inferred; the third day the signs of pneumonia were confirmed by radiography, and on the fourth day horse serum was given without any apparent benefit. The blood had become invaded and very large doses of rabbit serum were finally administered to effect sterilization of the blood and a cure (Chart 1).

A complete diagnosis involves precise determination of the bacterial excitants of the disease. It is necessary to know exactly the organism or organisms which are responsible.

In the presence of a pneumonia, the organisms found in the sputum are responsible for the disease in 93 per cent of cases—whatever is expectorated should be saved in a paper cup, glass or jar, and not crushed on a hankerchief, gauze or tissue. No sputum should be discarded, however unpromising. When turned on his side with the affected side uppermost, the patient

may expectorate if urged. Sometimes the small amount expectorated may miss the opening of the vessel and lodge on bed clothes or on the side of the receptacle—may be vacuum evacuated of mucus, some of which may be regurgitated from the lower esophagus. Carefully collected material gives a high percentage of positive find-

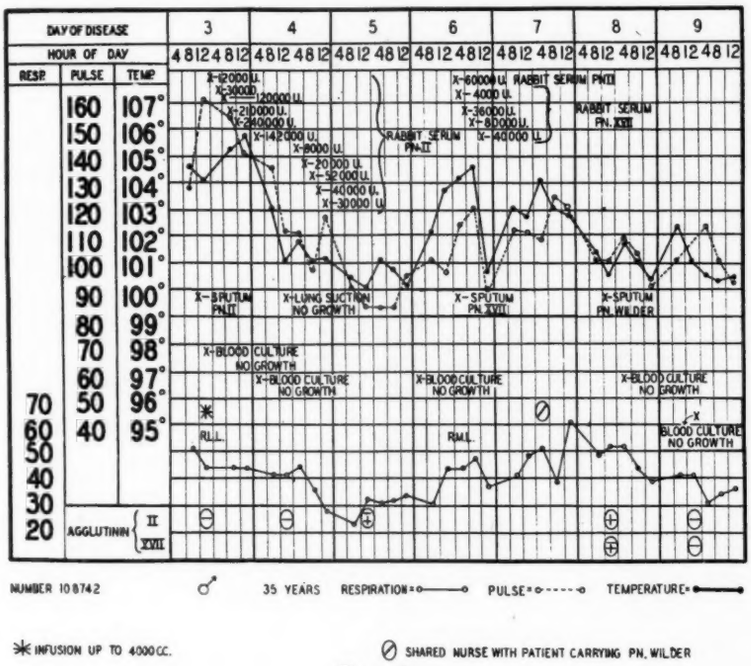


Chart 2.

such a specimen should be carefully garnered with a tongue blade lest it be the only sputum or the only good specimen for many hours. It may spell the patient's fate. Sometimes the patient cannot be made to expectorate the sputum which reaches the larynx, and swallows it. Such pulmonary discharges cling to the walls of the esophagus and may reach the pharynx. In adults or young patients, the secretion may be collected by vigorously swabbing the laryngo-pharynx. Secretion may be obtained by exposing the larynx, irritating it and catching the mucus thrown out in the succeeding cough on a cotten-tipped applicater. When flecks of mucus can be removed, they may be examined directly or they may be incubated in broth. They should not be incubated for longer than three hours before injection into a mouse's peritoneum lest streptococci overgrow the pneumococci. It is often advantageous to expose the larynx with a laryngoscope (Fig. 1). For this purpose, the child or resistant adult should be securely mummied in a sheet. The patient's chest is controlled by the forearms of the nurse while she steadies the patient's head with her hands.

The larynx, pharynx and upper esophagus

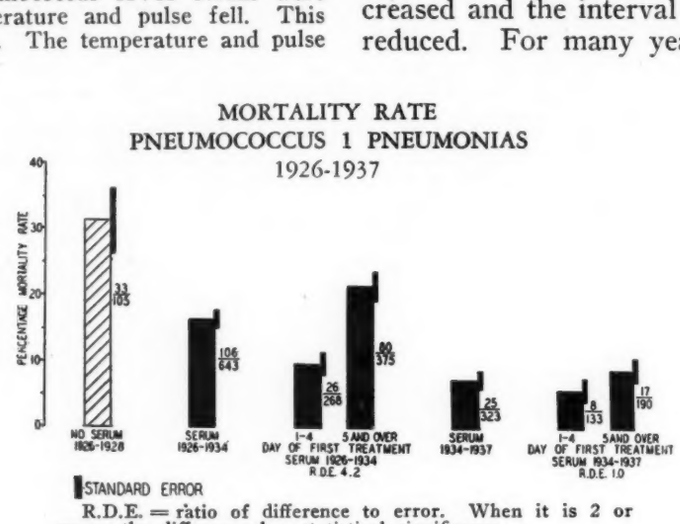
ing in patients suffering from pulmonary infections. When collected in this way, the probability that the organism obtained is responsible for the disease is very great.

When the pulse and temperature do not fall promptly or rise again after serum has been given, it is to be explained either by an inadequate dose, incorrect or incomplete typing (several types may be involved either simultaneously or in succession), or the occurrence of a purulent complication. When the correct type is discovered, the success of therapy depends on prompt and proper administration of the serum.

The fever chart of a patient in whom three organisms were present is shown in Chart 2.

Case 2.—This patient, a man of thirty-five, suffering from pneumococcus II pneumonia, was admitted on the third day of his illness. He received serum in a number of closely spaced injections into the tube of a running infusion and, on the following day, his temperature and pulse were down. On the fifth day of his illness, the temperature was 100° F., the pulse 94; the temperature continued below 101° F. the entire day. By noon of the sixth day, the temperature rose to 103.8° F. At this time an additional dose of pneumococcus II serum was administered in spite of the fact that there had been agglutinins present on the fifth day. At this time the right middle lobe was involved in addition to the previously involved lower lobe,

and there was fresh tenacious rusty sputum. Retyping of the sputum yielded pneumococcus XVII. 180,000 units of pneumococcus XVII serum were given and both temperature and pulse fell. This was our entire supply. The temperature and pulse fell on the following day and now there was strong agglutination for pneumococcus II and weak agglutination for pneumococcus XVII. On the seventh day this patient shared his nurse with a patient carrying pneumococcus Wilder (a sub-type of pneumococcus IX). On the eighth day his sputum contained pneumococcus Wilder. This patient recovered and left the hospital well.



R.D.E. = ratio of difference to error. When it is 2 or more, the difference has statistical significance.

Chart 3.

It is shown by the outcome in pneumococcus I pneumonias on my service that intensive treatment is of even greater importance than early treatment, as illustrated by Chart 3.

From 1926 to 1937, 973 adult patients with pneumococcus I pneumonias were treated with serum on my service at Harlem Hospital; 134 died, a death rate of 13.8 per cent. Seventeen were treated on the first day without a death; 401 were treated before the fifth day, of whom thirty-four died, a death rate of 8.5 per cent; 565 were treated after the fourth day with ninety-seven deaths, or 17.3 per cent; in seven cases the onset day was not known. From these statistics it might be concluded that the death rate was significantly lowered by treatment before the fifth day (R.D.E. = 4.2).

It happened, that by 1933, while studying the agglutinin test for adequacy of serum dosage, I discovered that patients receiving sufficient serum within 36 hours required less serum, recovered sooner, and had a lower death rate. At this time, too, manufacturers produced much more potent horse sera. The unitage per cubic centimeter was increased from 800 to 2,000 units. Accordingly, the dosages were increased and the interval between doses was reduced. For many years it was believed that pneumococcus I pneumonias were successfully treated only in the early days—ninety-six hours was given as the deadline for successful specific serotherapy. Experience in recent years with more aggressive treatment does not support this view, as is shown by a careful analysis of my figures.

We may compare the cases treated in an earlier period (1926 to 1934) and a later period (1934 to 1937). In the early (1926 to 1934) period, there were 643 cases with 106 deaths, a mortality rate of 16.5 per cent. There were 268 of the one- to four-day cases with twenty-six deaths, or 9.7 per cent, and 375 fifth-day and after cases with eighty deaths, or 21.3 per cent—a statistically significant difference (R.D.E. = 4.2). In the later (1934-1937) period, there were 330 cases with twenty-eight deaths, an 8.5 per cent mortality. There were eight deaths in the one- to four-day cases (133), or 6 per cent, and seventeen among the 190 fifth-day and later cases—9 per cent mortality. In seven cases, the first day of treatment was unknown.

In this later series (1934-1937) the total death rate of 8.5 per cent is slightly less than in the one- to four-day death rate in the earlier series of 9.7 per cent, and there is no statistically significant difference between the one- to four-day and the fifth-day and later cases.

The bacteremic incidence was reduced in the later period of more intensive serum administration. Among those treated in the

first four days of illness, the bacteremic incidence from 1926 to 1934 was 60 among 268 cases, or 22.4 per cent, while it fell to sixteen among 133 cases, or 12 per cent in cent; in the fourth, 20 per cent; in the fifth, 25 per cent; and after that, 30 per cent. The great importance of bacteremia is revealed when fatality among bacteremic cases is

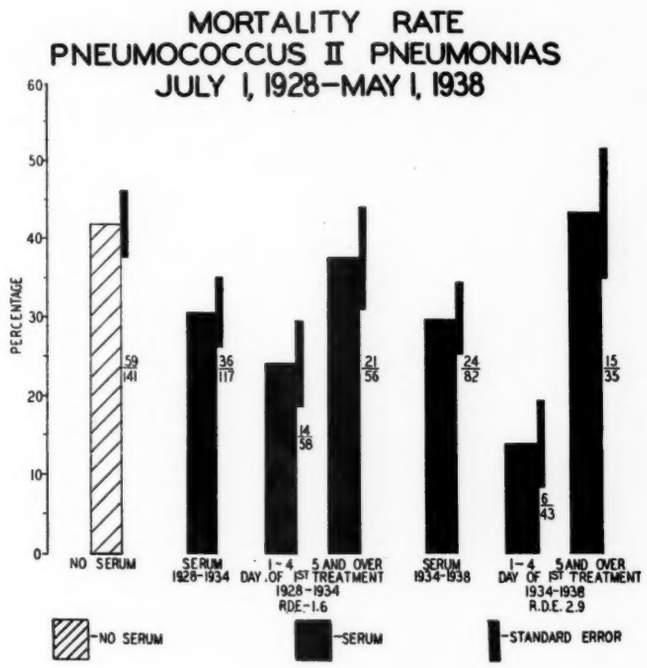


Chart 4.

1934 to 1937. This is a statistically significant reduction—R.D.E. = 2.6.

To judge the value of a specific treatment, the course of the disease uninfluenced by therapy must be known. Though some of the pneumonias pursue a course which is quite like those designated typical, there are many variants. Virulence of invading germ and resistance of host vary widely and their combinations are many. Thus, there result pneumonias differing in respect to duration and ultimate outcome.

Age and the presence of bacteremia are important in their effect on the course, duration and outcome of penumonias. With each succeeding decade the death rate in penumonias increases. In the second decade, the death rate is less than 10 per cent without any specific treatment. In the third, it rises to 15 per cent, in the fourth it is upwards of 25 per cent, in the fifth upwards of 35 per cent, while after age fifty it is over 50 per cent.

With each added decade, there is an increased incidence of bacteremia. In the first decade it is 2 per cent, excepting in infants, when it is 6 per cent; in the second decade it is 6 per cent; in the third it is 10 per

studied. Under age two, the death rate among bacteremic pneumonias is almost 90 per cent. In the first and second decades it is approximately 35 per cent, and after that it is above 70 per cent. As a rule, bacteremic incidence and death rate run parallel. In the fatal pneumococcic pneumonias, the incidence of bacteremia was upward of 60 per cent; in those without bacteremias, it was approximately 10 per cent.

It has frequently been stated that all pneumonias are bacteremic at some time. This is not our experience. There are many cases of pneumonia in which, apparently, the blood is never invaded. The lung blood barrier often fails only late in the disease. When we studied the day of disease in which the blood was found to be invaded after previous negative cultures, we discovered that most of the bacteremias were first detected on the fourth day or later.

The duration of pneumonias is not a fixed period. It has often been recorded that pneumococcic pneumonias last seven to eight days. However, when we studied a series of almost 800 cases of the first eight pneumococcic types in which the duration was uninfluenced by specific treatment, it was

found that the percentage terminating on any day formed the ordinary Gaussian curve for frequency distribution. An occasional case terminated on the first day, while some therapy, depending upon the day of treatment (Chart 4). When we analyzed our data further, it was found that there was a significant shortening of the illness as the

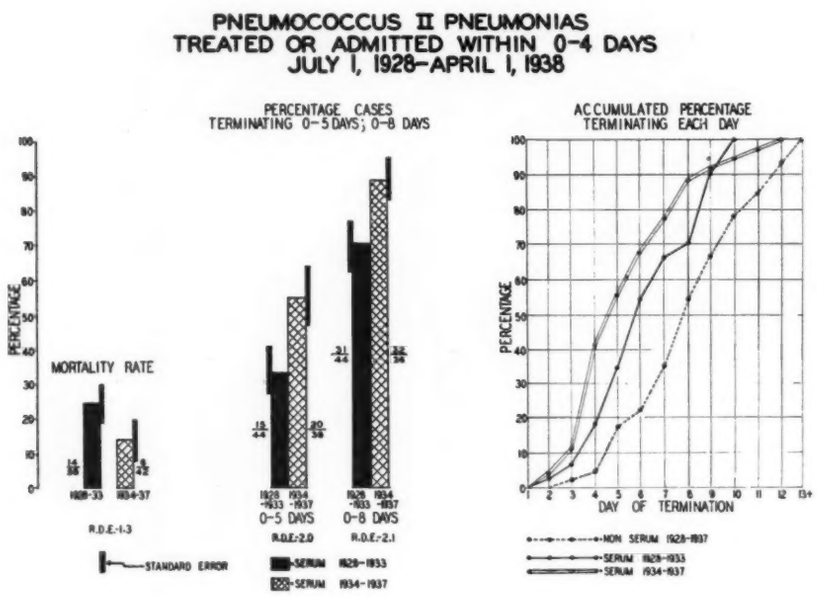


Chart 5.

lasted nineteen days and longer; the mode was eight days.

Against the background of these observations, we have found that serum reduces the mortality rate and terminates the disease earlier, and that this may be in direct relationship to the time when serum was administered and to the amount given. This is exemplified by a study of type II cases treated at different periods both early and late in the disease. When the results in all the pneumococcus II pneumonias treated during ten years were analyzed, a statistically significant difference was found between early and late treatment, as shown in the graph (Chart 4) quite the reverse of our findings in pneumococcus I pneumonias. If the patients with pneumococcus II pneumonia are divided into two groups, those from 1926 to 1934 and from 1934 to 1938, and into those treated up to the fifth day and those treated on the fifth day or later, then the early treated cases had a mortality of 25 per cent and the later treated cases had a mortality of 38 per cent. This was especially evident in the cases treated more intensively, as was done in the years from 1934 to 1938. During this latter period, there was a statistically significant difference in the results of result of more intensive treatment, both in the early treated and in all cases. This was well brought out when the accumulated percentage of cases terminating by recovery each day was charted. When we compared the time at which 50 per cent of the cases terminated, it is shown that the early treated cases terminated two days sooner than nonserum treated cases and an additional day sooner as the result of the more intensive treatment practiced in the years between 1934 and 1937 (Chart 5).

Bacteremia hardly ever occurs after serum therapy, and usually disappears after administration of an adequate amount of serum. Two conditions may be responsible for this failure of serum, either bacterial endocarditis or mycotic aneurysm, and occurrence of serum-resistant strains.

I have already emphasized the importance of treating the correct type. Not only must serum be administered for the type present, but it may have to be administered for all the types present. Patients may have several pneumonias, either simultaneously or in close succession. Pneumococcic pneumonia may be associated with other diseases, and some of the difficulties in diagnosis are shown in the following case (Chart 6).

A patient with an indefinite history was admitted, on the third day of his illness, to the tuberculosis service. On the sixth day, when tubercle bacilli were found, he was delirious and had rusty sputum. At this time, the sputum contained pneumococcus

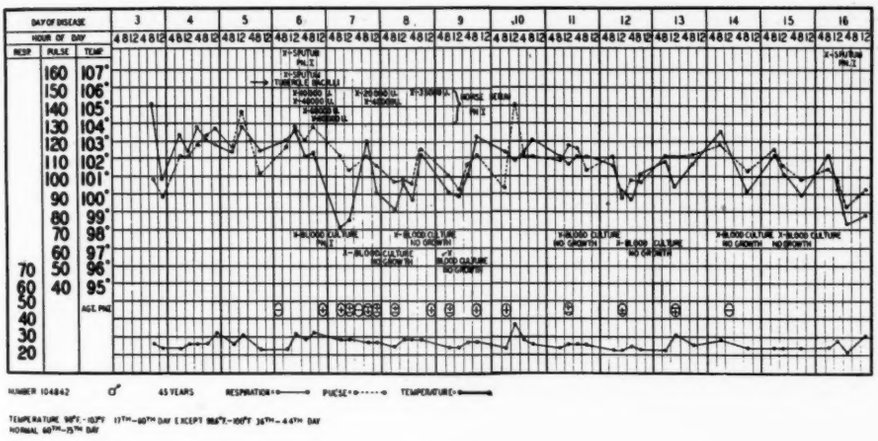


Chart 6.

I and his blood culture pneumococcus I. He received antipneumococcic serum. His temperature fell to normal. Subsequently, his blood culture continued sterile. For 9 days he continued to run a temperature of 103° F., with a pulse of 110 or thereabouts. His agglutinins, however, were positive for pneumococcus I. An x-ray showed what was, apparently, an interlobar collection of fluid. His temperature then fell to normal. The involvement of the left lower lobe cleared, leaving a mottled shadow of tuberculosis.

We have observed pneumonias due to pneumococci, in diphtheria; in measles and in whooping cough pneumococcic pneumonias are not infrequent. In these cases, the response to homologous serum has been in direct time relationship to the administration of a sufficient amount.

The careful administration of serum with adequate safeguards is as important as administration of the correct kind. In giving serum, it is always necessary to determine sensitivity. Skin and ophthalmic tests should be given. It may require as long as twenty minutes for reactions to appear. The blood pressure test is an additional safeguard and is performed by slowly injecting into a vein, 0.1 c.c. of serum in 5 c.c. of saline. If the blood pressure has not fallen, or has fallen less than 20 mm. Hg., after five minutes, the test is considered negative. Frequent piercing of the veins may be obviated by giving the injection into the latex gum tube of an intravenous infusion of saline and glucose five per cent, flowing at a rate of 2 c.c. per minute (Fig. 2). This is preferable to mixing the entire dose in the flask of the infusion because the dilution may cause changes which produce thermal reactions and if the patient is intolerant of the serum, the entire projected dose of

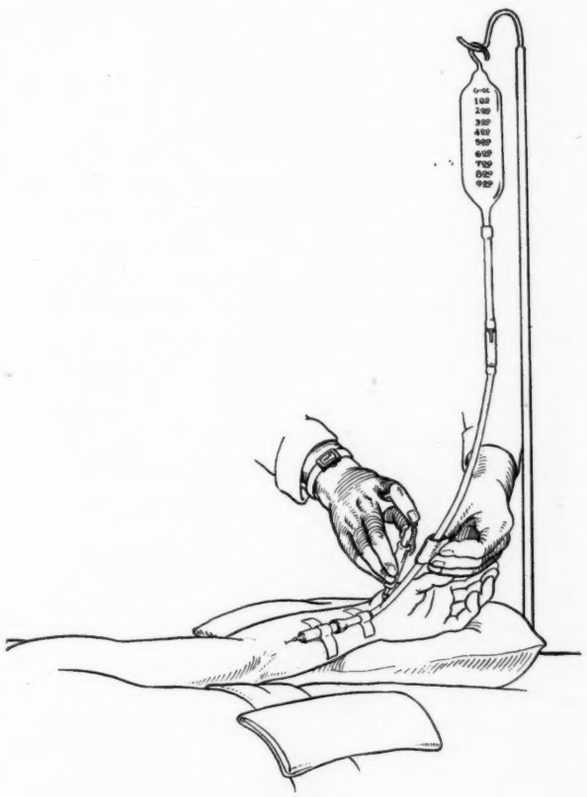


Fig. 2.

diluted serum is lost instead of only a small amount in the syringe.

Start with 2 c.c. and then give 5 c.c. and increase by 5 c.c. increments until 20 c.c. are given, and repeat this dose until the projected unitage has been given. The interval should be at least an hour. If there is a thermal reaction, the next dose should be delayed until it has passed off or be

preceded by acetyl-salicylic acid, 0.5 to 1 gm. A small needle is introduced into a vein of the forearm sufficiently far from anticubital space to permit bending of the elbow and movement of the arm. Strap needle and glass adapter to forearm and inject the serum into the tube about 6 to 10 inches from the needle. It should be injected very slowly, taking five minutes for the first cubic centimeter and one minute for each succeeding cubic centimeter.

Small children may stand serum poorly when it is given intravenously; on this account, they may receive the serum intramuscularly. Infants under two are well treated in this way. After testing for sensitivity, 5 or 10 c.c. doses are injected into upper outer quadrant of each buttock and massaged for five minutes. The dose required is the same as for adults, 50 to 150,000 units. The results are less spectacular; it requires eighteen to twenty-four hours for the temperature to fall. Older children should receive their serum intravenously, depending on their weight. They receive a fraction of the projected dose, assuming that 120 pounds is the weight of an adult. Pneumococcus XIV horse serum should not be given intravenously unless the blood group is determined. Pneumococococcus XIV injected horses may have agglutinins for group A cells and administration of pneumococcus XIV horse serum may be dangerous in children of this blood group. It has been given intramuscularly without accident many times. These agglutinins for group A cells are not present in pneumococcus XIV rabbit serum.

When the blood pressure is low because of loss of salt due to fever, sweating, vomiting or diarrhea, it should be restored by intravenous injection of saline solution with 5 per cent glucose before administering serum. In some instances, as much as 3,000 to 4,000 c.c. may be required to restore circulation fluid lost or in the tissues.

The results in the treatment with serum in children have been gratifying. In the pneumococcus XIV cases treated between 1934 and 1938, there were fifty-four cases, five of whom were bacteremic, and there were no deaths. During that period, there were 82 no-serum cases, ten died, a mortality of 12.2 per cent—eight per cent of these were bacteremic and five died, a mortality of 62 per cent. Among the eighty-two no-serum cases, four developed empyema; only one of the fifty-four treated cases was so afflicted.

There were 107 patients suffering from pneumococcus VI pneumonia, with twelve deaths, a death rate of 11.2 per cent. Twenty-three were adequately treated with serum, one of them died, a death rate of 4.3 per cent. One was bacteremic and recovered; neither of two bacteremic patients from whom serum was withheld recovered.

There were seventy-one pneumococcus XIX cases with eight deaths, two of whom were bacteremic and both succumbed. There were nine adequately treated cases with one death; two bacteremic patients recovered. There were 116 pneumococcus I pneumonias in children treated with serum; eight died, seven were bacteremic and two of these died. Only forty-one of these patients were treated before the fifth day and only one of them died. There were seven bacteremic patients and only one death. There were ten cases with bacteremia treated after the fifth day and one died.

At the present time, refined and concentrated rabbit serum is available for all the pneumococcic types. It would be monotonous to show you the results in each of these types, from adequate amounts quickly given. If an adequate amount is given, a prompt fall of temperature may be expected from serum therapy, even in pneumococcus III pneumonias, as in the others. Rabbit serum has this advantage over horse serum, that serum of greater potency is produced and that it may be more penetrating, and that less serum sickness occurs..

When given in adequate amounts before complications occur, serum may be expected to cause a prompt binding of any circulating soluble carbohydrate with a resulting prompt fall to normal of pulse rate and temperature. The adequacy of serum dosage may be tested in a number of ways, either by the study of the agglutinins with a slide or test tube technic, or by the injection of soluble specific carbohydrate intradermally. A positive reaction, especially if persistent after a negative one, is indicated by a wheal and a flare when .2 c.c. of 1:10,000 dilution of the homologous carbohydrate is intradermally injected. It usually indicates healing and a good prognosis. It is important that none of the common carbohydrate (C

substance) or other substance contaminate the solution used, and that the saline solution employed for the test and some other carbohydrate be used as a control.

A rise of temperature after it has fallen late in the disease, may indicate either a reinvasion with another type, a flare-up of the original process, or a complication. After serum, it may indicate a serum sickness.

CONCLUSION

I have reviewed the treatment of the pneumococcic pneumonias with specific serum, the results, and the method of administration. The treatment of pneumococcic pneumonias with specific serum is supported by sound theory; it has been found of value in the hands of many practitioners. It is an instrument of great power when properly used; it accelerates the natural processes of healing. The exact position of chemotherapy cannot be stated. It may become an adjuvant to or a substitute for serum. Our knowledge at the present time is inadequate, and these enticing problems require, for solution, additional experience.

TEN COMMANDMENTS FOR MEDICAL WITNESSES

These ten commandments for the expert witness in a medicolegal case, published in *Colorado Medicine,* were formulated by Dr. A. Q. Rosenberger and read by him before a meeting of the Milwaukee Bar Association. They are as follows:

1. Examine your case thoroughly and repeatedly so that you know what you are talking about. Know your facts well. They must be incontrovertible. The opinion you form from these facts is your own, but must be arrived at honestly.

2. Testify slowly, clearly, simply, and in language that the layman can understand. Forget your Latin medical terms. You are obliged to talk down to the level of intelligence in the jury box in order to get your facts across.

3. Stick to the unvarnished truth. If you do not, your statements will strike back at you like a boomerang.

4. Do not become partisan or assume a proprietary interest in the legal proceedings, for if you do, it will diminish your value in the eyes of the court and the jury.

5. Maintain your dignity and do not advise or consult with an attorney in the courtroom, but sit far away from him. The attorney should prepare his case before be goes into court.

6. You are not required to answer by "yes" or "no" an involved question if such answer places you in the position of the man who was asked, "Have you stopped beating your wife?" Your "yes" would be a lie and your "no" a prevarication. If a long, involved, hypothetical question is to be propounded to you, request that it be given to you in writing before you are put on the stand so that you may thoroughly study it and not embarrass your attorney by your answer.

8. Refuse to answer any question which puts you into some other field of medicine than your own. You may always say, "I cannot qualify."

9. Do not allow an attorney of the blustering, bulldozing type to anger you or "get your goat." The purpose of this line of questioning is to throw you off guard.

10. Remember that at times the most valuable words in the English language are, "I do not know."

THE JOURNAL

OF THE

Michigan State Medical Society

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AUGUST, 1939

"Every man owes some of his time to the upbuilding of the profession to which he belongs."

—THEODORE ROOSEVELT.

EDITORIAL

A REAL MONUMENT

THE death of Dr. William Mayo removes from American medicine one of its most outstanding personalities. The brothers William and Charles passed away within a few weeks. The name Mayo has for many years been known throughout the medical world. Seldom, we might say, never, have the genius for organization and that of the art and science of medicine met in two men —brothers. The Mayo Clinic has not only attracted to the staff younger men of great ability, it has long been the mecca for physicians from nearly all nations. These two brothers were familiar figures at medical meetings which they frequently addressed. They gave of their best not only in a scientific sense, but their hospitality to visitors to the clinic did not discriminate between the great and the obscure; all were welcome. The writer on a visit to Rochester was invited by a member of the staff to attend one of the regular evening meetings of the clinic staff. One of the younger members presented a short paper on a topic that had been assigned to him. Dr. William Mayo, at the conclusion of the paper, put some questions to the young essayist, not in a spirit of finding out what the young doctor did not know, but as a genuine seeker for information. Who would not do his best for such a chief?

As to the future. The brothers have laid a true and, let us hope, an enduring foundation. Their work will surely live. Their names will go down in the annals of medicine along with other immortals in medical history. Their monument is the famous Mayo Foundation in connection with the University of Minnesota, an institution for research and scholarship. May it be said in the language of Horace, that their life work will be "more enduring than bronze and loftier than the regal structure of the pyramids which neither the corroding shower nor the innumerable years will be able to destroy."

THE WAGNER BILL

Both lay and medical press have commented at length on the Wagner Bill, Senate Bill Number 1620, since its introduction by Senator Wagner on February 27 of this year, so it would seem that there is not much new that can be written. Most of the comment has been on its imperfections and the undesirable conditions to which its enactment might lead. Many fear the huge expense in connection with such a national health program and the consequent confiscatory taxation that must necessarily follow. Senator Wagner has proposed an amendment to authorize the social security board to make provision for medical, surgical, institutional, rehabilitation or other service to an ill-defined class of persons who are unable to work because of disability which might be eliminated by such services. The service, we are informed, will be rendered regardless of the person's ability to pay for it.

Few or none would question the object of assisting afflicted humanity to health and comfort. There are, however, many things to be taken into consideration. The report of the Surgeon General has already informed the nation of the very satisfactory condition of public health in the United States as compared with that of countries in which the practice of medicine is under state control. Is it not therefore wiser to continue with tried than to experiment with untried methods at this time?

In an address before the Massachusetts Medical Society, Dr. Elliot P. Joslin, whom no one can charge with being reactionary, gave a number of reasons for opposing the Wagner Bill. Among them:

1. We as American people do not wish to be plunged further into debt.
2. The medical profession does not wish to become subservient to the government in the carrying out of its health work, both preventive and therapeutic.
3. No radical measures should be tried out in this country where the health record is so excellent without first considering methods previously in operation.
4. To extend such services to forty million people in one stroke would be dangerous, since there are not sufficient public health doctors prepared to carry them out.
5. Politics already plays a part in health matters. Forty thousand doctors politically employed would be disastrous. The Public Health Service should be expanded gradually.
6. The W.P.A. and the Social Security Act have not been satisfactory and should first be improved before embarking on new ventures.
7. The allocation of medical funds as provided in the bill is dangerous.
8. The hospital building program proposed is disturbing.

AN OPEN LETTER

DR. STUART PRITCHARD, Director
W. K. KELLOGG FOUNDATION:

In the July issue of the JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, there appeared an editorial entitled "A Practice Which Should Not Be Encouraged." The article was the expression of the personal views of Editor Dempster, based upon incomplete knowledge of the facts. The Publication Committee and the Executive Committee of the Council of the Michigan State Medical Society are well aware that the Kellogg Foundation has initiated its projects on request, and only with the approval and coöperation of the local county medical society.

The Executive Committee of the Council has had the opportunity and pleasure of meeting representatives of the seven county medical societies in whose areas the Kellogg Foundation coöperates. These members of our Society have reaffirmed the principle of the Foundation's activities and purposes.

The Executive Committee which is responsible for the publication of the JOURNAL regrets that this article was not referred to the Publication Committee before release. No officer of the Society or member of the Executive Committee had any intimation that this editorial was to be published. It is not an expression of the opinion of the Executive Committee of the Council.

The Michigan State Medical Society is extremely appreciative of the splendid educational work that the Kellogg Foundation is doing and its long-time and full cooperation with this Society. It is especially grateful for the Foundation's generous support of postgraduate medical education.

We regret that this editorial, published without official approval, appeared.

Executive Committee of the Council.
By P. R. URMSTON, M.D., *Chairman.*

ECONOMY FAVORED, BUT WHAT OF THE DOCTOR?

Voluntary Health Insurance is designed to take care of employed persons. Even when the new health insurance plans are completed and put into operation, there will be large numbers of the unemployed and indigent unemployable, including children, who must be cared for in the event of illness. These must receive medical care paid for by the state or municipality or they must be left to the charity of the medical profession. During the past two years, the legislature of Michigan has appropriated $1,100,000 each year to care for indigents. This has proved insufficient by at least $475,000. This sum is the unpaid debt for medical and hospital care, ordered by the state for the year ending June 1, 1939. For the next two years, the appropriation is not $1,100,000 a year, but $500,000, a sum less than half that for a single year for 1938 and 1939. It goes without saying that the meagre appropriations for the next two years will result in a crippling of very important service if doctors should fail to come to the rescue for the result will be that the medical profession

will be called upon to render service without remuneration. This would be asked of no other kind of service. Even with the sums set aside for medical care in the immediate past, the medical profession have been woeully underpaid. The outlook, to say the least, is not encouraging to the medical profession. However, this is a kind of state medicine.

We realize the fact that the cost of government has become so enormous that legislators are hard pressed to know how to raise funds to carry on, that education even, among other things, has suffered and is about to suffer more through insufficient funds to meet the cost. In spite of this, taxation has become so burdensome that further imposition of taxes would embarrass many who, even now, are struggling to make ends meet. The situation, to say the least, presents puzzling problems to the law makers. Any governing body civic, state or national that is truly honestly endeavoring to retrench should have the moral support of every one. As doctors we will carry on and render aid where necessity calls. *Noblesse oblige,* nobility compels; the ancient and honorable tradition of medicine will not see human beings suffer though they may not have the means of meeting the physician's fee.

However, undue advantage should not be taken of the physician's willingness to serve.

CREDIT TO WHOM CREDIT IS DUE

A number of very important measures concerning some phase of public or personal health have been presented to the legislature of Michigan during the past session. Practically all of them have had more intelligent consideration than has been the customary approach to such matters. By the prompt way in which these bills have been enacted into law, the legislators have earned the gratitude of the electorate. The expression, gratitude of the electorate, is used advisedly. Doctors and their families know where to turn for medical care or assistance, or for anything that will make for better health; therefore, a wise disposition by legislators of matters pertaining to public and personal health benefits the whole population and in turn sane legislation by thoughtful legislators should be favorably received by the entire population of the state.

Among the most important measures is the act authorizing group medical care in which both political parties supported the measure with virtual unanimity. Another was the measure establishing a welfare commission with a medical doctor to administer the health or medical features of it, and we would also include the bill making illegal certain dental advertising. All these are in the public interest. There are other health measures which have been noted in this Journal under the secretary's department as well as the monthly budget of news from the office of the State Commissioner of Health.

Mr. Jesse Jones, who has been appointed head of the Federal Loan Agency and who has been at the head of the Reconstruction Finance Corporation for a number of years, said, "The greatest disservice you can do is to lend a man money he can't pay back." We all agree since this is a lesson we have learned by experience, and experience is the best teacher.

WHO BORROWED MY INSTRUMENTS?

Who borrowed my instruments, and my story book?
Who forgot to return the things he took?
Who is it, now, that takes the very joy from life
When one is busy with his daily toil and strife?

Here I am, trying my very best to get along.
With half a decent smile, at times a wee bit song.
I am very busy—I've a lot o' work to do,
Of course I'm in a hurry, that I may get it through.

Who's got that story book, who's got that instrument?
I laid them there, right there where in an instant
I could pick them quickly up and work my daily chore,
But some old chump has made me mad enough to roar.

Oh for words bad enough to call that sinner bold.
I'd like to flay him, skin him, wring him till he's cold.
That fellow that borrows books, and tools and other things
And doesn't bring them back. I hope his conscience stings!

Well,—This is a beautiful morning—the sun is out—
It's just the finest time of year to be about.
The grass is green, the flowers full of bloom and glow,
The trees are softly humming as cooling breezes blow.

So we're up and doing, with a very pleasant smile,
Ahustling and abustling about our daily toil.
Oh say—I forgot to tell you—been busy in my den—
I found my instruments—just—where—I—left—them.

—*Weelum.*

President's Page

My Dear Doctor:

This letter is calling to your attention the importance of the September meeting of your society in Grand Rapids.

From a purely academic standpoint you owe it to yourself to attend. The refresher course will give you a great deal of personal satisfaction.

From a social standpoint you have an obligation to the public to make a contribution towards the distribution of medical care.

The House of Delegates on Monday, September 18, will begin a momentous session. An open meeting will be held the evening before to which all the profession are invited. Anyone and everyone is entitled to be heard. Your experience and judgment will be valuable. I sincerely hope to see you.

Fraternally,

Henry A. Luce

President, Michigan State Medical Society.

Michigan State Medical Society

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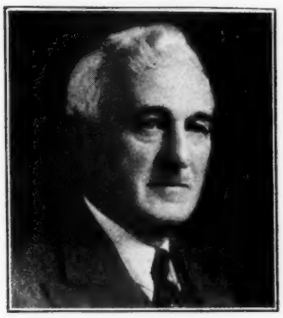
1933— George LeFevre, Muskegon
1934— R. R. Smith, Grand Rapids
1935— Grover C. Penberthy, Detroit
1936— Henry E. Perry, Newberry
1937— Henry Cook, Flint

*Deceased.

The 1939 Meeting



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Detroit
President

P. R. Urmston, M.D.
Bay City
Council Chairman

P. A. Riley, M.D.
Jackson
Speaker, House of Delegates

OFFICIAL CALL

THE Michigan State Medical Society will convene in Annual Session in Grand Rapids on September 18, 19, 20, 21, 22, 1939. The provisions of the Constitution and By-laws and the Official program will govern the deliberations.

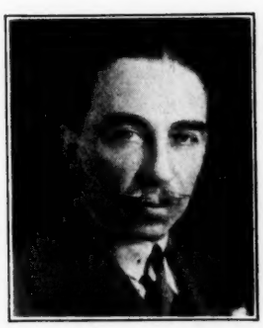
Henry A. Luce, M.D., President

P. R. Urmston, M.D., Chairman of The Council

Philip A. Riley, M.D., Speaker

Attest: L. Fernald Foster, M.D., Secretary

L. Fernald Foster, M.D.
Bay City
Secretary



Wm. A. Hyland, M.D.
Grand Rapids
Treasurer

B. R. Corbus, M.D.
Grand Rapids
President-Elect

OUTLINE OF GENERAL ASSEMBLY PROGRAM

All General Assemblies will be held in the Black and Silver Ballroom of the Grand Rapids Civic Auditorium.

	Tuesday, Sept. 19, 1939	Wednesday, Sept. 20, 1939	Thursday, Sept. 21, 1939	Friday, Sept. 22, 1939
A. M. 9:30 to 10:00	RICHARD B. CATTELL, M.D., Boston	SECTION	ANTHONY SINDONI, JR., M.D., Philadelphia	CARL HUBER, M.D., Indianapolis
10:00 to 10:30	W. O. THOMPSON, M.D., Chicago	SECTION	LEROY A. CALKINS, M.D., Kansas City	THOMAS E. JONES, M.D., Cleveland
10:30 to 11:00	Intermission to VIEW EXHIBITS	SECTION	Intermission to VIEW EXHIBITS	Intermission to VIEW EXHIBITS
11:00 to 11:30	JAMES GOODALL, M.D. Montreal	SECTION	LOUIS SCHWARTZ, M.D., Washington, D. C.	HENRY C. SCHUMACHER, M.D., Cleveland
11:30 to 12:00	ARCH O. HECK, Ph.D. Columbus, Ohio	SECTION	HENRY M. GOODYEAR, M.D., Cincinnati	RICHARD M. SMITH, M.D. Boston
P. M. 12:00 to 12:30	SANFORD R. GIFFORD, M.D., Chicago	SECTION	BUDD C. CORBUS, M.D., Chicago	ROBERT C. HOOD, M.D., Washington
12:30 to 1:30	Luncheon VIEW EXHIBITS	Luncheon VIEW EXHIBITS	Luncheon VIEW EXHIBITS	Luncheon VIEW EXHIBITS
1:30 to 2:00	JONATHAN C. MEAKINS, M.D., Montreal	HENRY W. WOLTMAN, M.D., Rochester, Minn.	HAROLD N. COLE, M.D., Cleveland	GEORGE CRILE, JR., M.D., Cleveland
2:00 to 2:30	BERT I. BEVERLY, M.D., Chicago	C. GUY LANE, M.D., Boston	JAMES ALEXANDER MILLER, M.D., New York	PHILIP LEWIN, M.D., Chicago
2:30 to 3:00	Intermission to VIEW EXHIBITS	Intermission to VIEW EXHIBITS	Intermission to VIEW EXHIBITS	Intermission to VIEW EXHIBITS
3:00 to 3:30	EDWIN E. OSGOOD, M.D., Portland, Ore.	JAS. W. WHITE, M.D. New York	MCIVER WOODY, M.D., New York	MAXWELL FINLAND, M.D., Boston
3:30 to 4:00	HAROLD I. LILLIE, M.D., Rochester, Minn.	HUGH MCCULLOCH, M.D., St. Louis	LLOYD D. FELTON, M.D., Washington	WARREN H. COLE, M.D., Chicago
4:00 to 4:30	ISIDOR S. RAVDIN, M.D., Philadelphia	ARTHUR H. CURTIS, M.D., Chicago	BENJ. RICE SHORE, M.D., New York	WM. D. STROUD, M.D., Philadelphia
4:30 to 6:00	VIEW EXHIBITS	4:30 to 4:50 WALTMAN WALTERS, M.D. Rochester VIEW EXHIBITS	VIEW EXHIBITS	END OF CONVENTION
6:00 to 8:00	Secretaries' Conference	Fraternity and Alumni Dinners	Fraternity and Alumni Dinners	THE WOMAN'S AUXILIARY INVITES YOUR LADY
8:00 to 10:00	Medical Service Night ED. J. MCCORMICK, M.D., Toledo	President's Night Biddle Lecturer: ROCK SLEYSTER, M.D. Wauwatosa, Wis.	Postgraduate Convocation Speaker: JAMES ALEXANDER MILLER, M.D., New York	

CONVENTION INFORMATION

DIRECTORY

Headquarters.....Civic Auditorium

Registration....Exhibit Floor, Civic Auditorium

Hotel Headquarters.....Pantlind Hotel

Technical Exhibits.....Civic Auditorium

General Assemblies..Black and Silver Ballroom, Civic Auditorium

Publicity, Press Room.....Room "D" Civic Auditorium Telephone: 9-6266

Official M.S.M.S. Booth.....Exhibit Floor, Civic Auditorium

Woman's Auxiliary, Headquarters and Registration.....Pantlind Hotel

SYMPOSIUM ON "THE BUSINESS SIDE OF MEDICINE"

Monday, September 18, 1939
1:30 to 4:30 P. M.

Supper Club Room, Pantlind Hotel, Grand Rapids

Arranged for secretaries and office assistants of M.S.M.S. Members. Physicians and their wives are cordially invited.

JAMES B. STANLEY

ALLISON SKAGGS

Program

Presiding: PAUL W. WILLITS, M.D., Grand Rapids

1. "Practical Legal Highlights of a Doctor's Office" (30 min.)
   JAMES B. STANLEY, LL.B., Kalamazoo, Michigan

Question Period

2. "Office Procedures" (30 min.)
   ALLISON SKAGGS, Battle Creek, Michigan

Question period

3. Round Table Discussion (55 min.)

Favors for the Ladies

COUNTY SECRETARIES' CONFERENCE

Swiss Room **Pantlind Hotel**

Tuesday, September 19, 1939
5:30 to 8:00 P. M.

OTTO O. BECK, M.D., Birmingham, Presiding

THOS. A. HENDRICKS

"How Not to Make Laws and Influence Legislators"

THOMAS A. HENDRICKS, Indianapolis, Indiana, Executive Secretary, Indiana State Medical Association, and Indiana State Senator.

"Leadership by the County Medical Society"
L. FERNALD FOSTER, M.D., Secretary, M.S.M.S., Bay City.

"Michigan's Group Medical Care Plan"
HENRY A. LUCE, M.D., President, M.S.M.S., Detroit.

REFRESHMENTS DINNER
PRESENTATIONS

All Members of the State Society will be Welcome at This Conference

Register—Exhibit Floor, Civic Auditorium Grand Rapids—as soon as you arrive.

Admission will be by badge only to all Scientific Assemblies and Section Meetings. Bring your M.S.M.S. or A.M.A. Membership Card to expedite registration.

No registration fee to members of the Michigan State Medical Society.

Hours of Registration: Daily 8:30 A. M. to 6:00 P. M. on Monday, Tuesday, Wednesday, Thursday, and to 4:00 P. M. on Friday.

* * *

Guests—Members of the American Medical Association from any state, or from a province of Canada, and physicians of the Army, Navy and U. S. Public Health Service are invited to attend, as guests. Please present credentials at Registration Desk.

Bona-fide doctors of medicine serving as internes, residents, or who are associate or probationary members of county medical societies, if vouched for by an M.S.M.S. Councilor or the president or secretary of the county medical society, will be registered as guests. (Please present credentials at Registration Desk.)

* * *

Register at each booth in the Grand Rapids Exhibit. Your friend, the exhibitor, will appreciate your visit and interest.

PROGRAM of GENERAL ASSEMBLIES

TUESDAY MORNING
September 19, 1939

First General Assembly

Black and Silver Ballroom, Civic Auditorium

W. H. HURON, M.D., Presiding
L. FERNALD FOSTER, M.D. and PAUL W. KNISKERN, M.D., Secretaries

A. M.

9:30 "Surgical Treatment of Ulcerative Colitis"

RICHARD B. CATTELL, M.D., Boston, Mass.

RICHARD B. CATTELL

Surgeon, Lahey Clinic, New England Deaconess Hospital and New England Baptist Hospital.

The management of ulcerative colitis is considered to be primarily a medical problem. The course of the disease, however, in its severe manifestations has proved that medical treatment is not effective in all cases. From the experience in this clinic, 41 per cent of the patients have unsatisfactory relief of symptoms or recurrence of the disease. These unsatisfactory cases are due to complications unrelievable by other than surgical means.

Operation in our experience is elected early in the course of unsatisfactory medical management in order to avoid the high mortality following operation in these poor risk patients. Ileostomy, partial colectomy and complete colectomy constitute the valuable surgical procedures in these cases. The management of ileostomy, technic of operation and results of surgical treatment will be presented.

10:00 "Treatment of Male Hypogenitalism"

W. O. THOMPSON, M.D., Chicago, Ill.

W. O. THOMPSON

Associate Clinical Professor of Medicine, Rush Medical College of the University of Chicago. Associate Attending Physician, Presbyterian Hospital, Chicago. Formerly Research Fellow in Medicine, Harvard Medical School and in charge of Metabolism Laboratory, Massachusetts General Hospital.

The development of secondary sexual characteristics depends upon the production of male sex hormone by the interstitial cells of the testis. Hypogenitalism in most instances is secondary to hypopituitarism but in some instances (eunuchoidism) is caused by faulty development or atrophy of the testis. The treatment must therefore either stimulate the testis to greater activity (stimulation therapy) or replace the hormonal deficiency (replacement therapy). For stimulation therapy various gonadotropic factors are used, and for replacement therapy, male sex hormone (testosterone propionate). With these two types of therapy it is possible to produce striking genital growth and overcome any deficiency of male sex hormone production. Examples will be shown of the effect of treatment with gonadotropic factors in boys with undescended testes and in boys and men with the Fröhlich syndrome; and the effect of treatment of eunuchoidism with male sex hormone, before and after the age of puberty.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Endocrinology—Its Application to the Human Needs"

JAMES R. GOODALL, M.D., Montreal, Quebec

JAMES R. GOODALL

Professor Clinical Gynecology and Obstetrics (McGill); Gynecologist and Obstetrician to the Royal Victoria Hospital; Consultant (in charge) St. Mary's Hospital (Montreal); Consultant Gynecologist and Obstetrician to the Homeopathic Hospital and the Jewish General Hospital (Montreal).

Endocrinology is the science of the glands of internal secretion. Certain glands of internal secretion have been known for generations, but the action of these and of others is a recent discovery. The subject has now broadened to include all those body secretions that govern function—that govern and regulate, but do not create function. Function itself is inherent in the specific organ itself. But its governance is vested in some gland. In this way glands are the coördinators of function in the whole body, so that organs are not working at cross purposes. The functions of the body are coördinated by the autonomic nervous system. The human body contains two complete nervous systems: the one commonly known to the laity as the brain and spinal cord and their ramifications to every part of the body is fed by experiences through the five senses, and thereby gives man his orientation in the universe; the other, the autonomic system, has no external end-organs, but links up the various organs in a system of telephony whereby a maximum of function is effected with a minimum of effort. This system gives each organ its orientation in the complex animal body. It is the telephonic system between cell-communities so that they do not work at cross purposes. Gland secretions may act directly upon individual cells, or indirectly upon tissue through the autonomic nervous system. Some glands have specific actions upon specific functions, others are general activators. The intelligent practice of endocrinology requires, perhaps more than any other branch of medicine, discriminating diagnostic power, painstaking history taking, keen psychological acumen, and a good working knowledge of the action of internal secretions.

11:30 "Public School Problems in Special Classes"

ARCH O. HECK, Ph.D., Columbus, Ohio

ARCH O. HECK

(Synopsis of this lecture will appear in the September issue)

ACKNOWLEDGMENT: The Michigan Crippled Children Society and the Michigan Department of Public Instruction are sincerely thanked for their sponsorship of this lecture.

TUESDAY MORNING
September 19, 1939

M.

12:00 "Recent Advances in Ophthalmology"

SANFORD R. GIFFORD, M.D., Chicago, Ill.

SANFORD R. GIFFORD

M.A., University of Nebraska 1924; M.D., University of Nebraska, 1918; First Lt. United States Medical Corps 1918-1919; Professor of Ophthalmology at Northwestern University since 1929; Attending Ophthalmologist at Cook County Hospital, Passavant Memorial Hospital and Wesley Memorial Hospital; Associate Editor of Archives of Ophthalmology.

1. Trachoma. Its etiology. Importance of epithelial inclusion bodies. Work of Thygesion, Lindner and others. Possible relationship to Rickettsia group of viruses. Relation of trachoma to inclusion blenorrhea.
2. Surgical treatment of Retinal Detachment, Work of Gonin, Afar, Walker, Weve and others. Importance of Retinal holes. Method of closing holes by micro-coagulation. Results.
3. Keratoplasty. Limited field of corneal grafting. Methods of Filatow, Castroviejo and others. Requirements: a partially clear cornea with normal posterior segment.

P. M.

12:30 End of First General Assembly Luncheon

VIEW THE EXTRAORDINARY EXHIBIT OF 100 SPACES

TUESDAY AFTERNOON
September 19, 1939

Second General Assembly

Black and Silver Ballroom, Civic Auditorium

ROY H. HOLMES, M.D., Presiding
L. FERNALD FOSTER, M.D., and F. BRUCE FRALICK, M.D., Secretaries

1:30 "Gastrointestinal and Hepatic Function in Congestive Circulatory Failure"

JONATHAN CAMPBELL MEAKINS, M.D., Montreal, Quebec

J. C. MEAKINS

Charter Fellow and First President (1929-31), Royal College of Physicians and Surgeons of Canada; Fellow of the American College of Physicians, 1928; Member of the Board of Regents 1928-38; President 1934-35; President, Canadian Medical Association, 1935-36; and Member of the American Board of Internal Medicine, 1936.

Our knowledge of circulatory failure has been accumulated with much patience and labor. The anatomical, hydrodynamic and physical aspects in many organs have been studied in much detail but still the secret of its initiation and perpetuation remains elusive. Enlargement of the liver may be early and progressive. At the autopsy table nutmeg liver and cyanotic atrophy have been described but little attention has been paid to the functional and nutritional results of these and their importance. Further, the impairment of the gastrointestinal circulation has also been neglected. It is with these aspects of circulatory failure that the present communication deals.

2:00 "Adolescence"

BERT I. BEVERLY, M.D., Chicago, Ill.

BERT I. BEVERLY

"Assistant Professor of Pediatrics; Head of Clinic in Pediatrics Department, Rush Medical College, University of Chicago; Associate Attending Neurologist, Children's Memorial Hospital; Staff, Presbyterian Hospital, Chicago. Fellow American Academy of Pediatrics; Chairman Mental Hygiene Committee of American Academy of Pediatrics.

Adolescence is the period during which children grow up and take on the characteristics of adults. Like any other period of growth, it has characteristics and presents problems which are both general and peculiar to that phase of development. Emotional problems are the most important and least understood. The seriousness of these problems depends upon early training. It is necessary to understand them if we are going to help boys and girls through this difficult period.

2:30 INTERMISSION TO VIEW THE EXHIBITS

P. M.

3:00 "Evaluation of Total, Differential and Absolute Leukocyte Counts"

EDWIN E. OSGOOD, M.D., Portland, Ore.

EDWIN E. OSGOOD

University of Oregon Medical School, 1924; Assistant Professor of Biochemistry, 1928-33; Director of Laboratories, 1928-36; Assistant Professor of Medicine, 1929-39; Associate Professor of Medicine, 1939; Head of the Division of Experimental Medicine, 1936 to present. Member of American Society for Clinical Investigation; American Society of Clinical Pathologists.

Sources of error in the counting of the different kinds of white blood corpuscles and the diagnostic help which such counts may give the physician will be described. Tables aiding the physician or technician to recognize and name the different kinds of white blood corpuscles will be shown. New data on the normal types and numbers of white blood corpuscles in the blood of healthy persons of different age and sex groups will be given. The value of changes in the appearance of the white blood corpuscles as a method of determining the seriousness of an illness will be discussed. The diagnosis of the different types of leukemias will be discussed.

TUESDAY AFTERNOON
September 19, 1939

3:30 "Certain Symptoms Common to the Nose, Explained on a Physiologic Basis"

H. I. LILLIE, M.D., Rochester, Minn.

H. I. LILLIE

Received the degree of B.A. in 1910 and of M.D. in 1912 from University of Michigan. Chief of the Section on Otolaryngology and Rhinology The Mayo Clinic; Professor of Otolaryngology and Rhinology, the Mayo Foundation, University of Minnesota; Attending. Otolaryngologist and Rhinologist of the Kahler, St. Mary's, and Colonial Hospital Rochester, Minn.; Medical Head of the Worrall Hospital, Rochester, Minn.; Past-President of the American Laryngological, Rhinological and Otological Society, Inc.

Because the actual physiologic activity of the upper part of the respiratory tract was hardly touched upon, perhaps not even mentioned, during their school years, physicians in general can hardly be expected to know much about the subject. Certain phenomena referable to the nose, quite normal in the final analysis, cause patients to complain because they do not understand. It should be incumbent on their medical advisers to distinguish between physiologic and pathologic symptoms referable to whatever system to which the complaint is referred. It happens that the nose performs its function in an orderly manner by virtue of its wonderfully adaptive physiologic mechanism. This mechanism is described and variations in responses due to environment are explained.

4:00 "The Management of Gastric and Duodenal Ulcer"

I. S. RAVDIN, M.D., Philadelphia, Penna.

I. S. RAVDIN

Harrison Professor of Surgery, School of Medicine, University of Pennsylvania and Director of the Harrison Department of Surgical Research, School of Medicine, University of Pennsylvania; Surgeon, Hospital, University of Pennsylvania.

The etiologic factors concerned with gastric and duodenal ulcer are still not clearly defined, but there is a good deal of evidence to suggest that these lesions are associated with disturbances in nutrition. In the majority of instances the uncomplicated gastric or duodenal ulcer is a medical problem. Surgery is useful in the management of certain of the complications of ulcer. A rational program for the management of ulcers will be presented, together with the indications for operation and the pre- and post-operative management.

4:30 End of Second General Assembly

THE ONE HUNDRED EXHIBITS WILL REMAIN OPEN FOR YOUR INSPECTION UNTIL 6:00 P. M.

TUESDAY EVENING
September 19, 1939

Third General Assembly
Public Meeting

Black and Silver Ballroom, Civic Auditorium

BURTON R. CORBUS, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

MEDICAL SERVICE NIGHT

8:00 "Democracy at the Cross Roads"

EDWARD J. MCCORMICK, M.D., Toledo, Ohio

E. J. MCCORMICK

A.B., St. John's University, 1911; M.A., St. Louis University, 1913; M.D., St. Louis University, 1915. First Lieutenant Medical Corps U. S. A., attached to 46th North Midland Division, B.E.F., 1917-19; Captain and Major in 1919; Military Cross (British). Chief of Staff St. Vincent's Hospital, Toledo, 1939; Fellow, American College of Surgeons since 1924; Fellow, International College of Surgeons, 1939; member of American Medical Association, American Association for Advancement of Science, and Diplomate of American Board of Surgery, 1939; member of Alpha Omega Alpha, and Phi Beta Pi. Grand Exalted Ruler Benevolent and Protective Order of Elks of U. S. A., 1938-39.

Time will be devoted to a consideration of the development of the youngest nation in the world under a government by and for the people. The various inroads that are being made by a "boring from within program" which threatens the democracy of the United States, will be pointed out. In conclusion, Doctor McCormick will point out that the present-day efforts to change medical practice in the United States are the back-wash of Communism and Totalitarianism upon our shores and that the interference with private initiative in medicine and surgery is but the opening wedge for the same type of interference in every business and profession.

End of Third General Assembly

Get Acquainted Dinner for all Medical Women, sponsored by the Grand Rapids Women Physicians, will be held Tuesday, September 19, 6:30 P. M., Pantlind Hotel, Grand Rapids. Chairman of the Hostess Committee is Ruth Herrick, M.D., 26 Sheldon Avenue, S. E., Grand Rapids.

PROGRAM of SECTIONS

WEDNESDAY MORNING
September 20, 1939

SECTION ON GENERAL MEDICINE

Chairman: Douglas Donald, M.D., Detroit
Secretary: Paul W. Kniskern, M.D., Grand Rapids

Grand Ballroom, Pantlind Hotel

A. M.

9:30 to 10:00 Round Table Discussion on Functional Gastro-Intestinal Disorders

Conducted by J. C. Meakins, M.D., Montreal

10:00 to 10:30 "Outbreak of Undulant Fever at Michigan State College"

Chas. F. Holland, M.D., East Lansing

10:30 to 11:00 "Differentiation of Types of Arthritis, Especially in Regard to Treatment"

Richard H. Freyberg, M.D., Ann Arbor

11:00 to 11:30 "Renal Insufficiency"

Edgar Norris, M.D., Detroit

11:30 to 12:00 "Recent Contributions to the Treatment of Addison's Disease"

W. O. Thompson, M.D., Chicago

12:00 to 12:30 "Gastroscopy"

H. M. Pollard, M.D., Ann Arbor

Election of Officers

SECTION ON SURGERY

Chairman: Wm. A. Hyland, M.D., Grand Rapids
Secretary: Ira G. Downer, M.D., Detroit

Black and Silver Ballroom, Civic Auditorium

"Symposium on the Acute Abdomen"

A. M.

9:30 to 10:00 "The Acute Appendix"

Frederick A. Coller, M.D., Ann Arbor

10:00 to 10:30 "Intestinal Obstruction"

Richard B. Cattell, M.D., Boston

10:30 to 11:00 "The Acute Gall Bladder"

I. S. Ravdin, M.D., Philadelphia

11:00 to 11:30 "Perforated Gastric and Duodenal Ulcers"

Charles Johnston, M.D., Detroit

11:30 to 12:00 Discussion and Summary of Above

Waltman Walters, M.D., Rochester, Minn.

Election of Officers

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman: Clarence E. Toshach, M.D., Saginaw
Secretary: Harry A. Pearse, M.D., Detroit

Supper Club Room—Pantlind Hotel

A. M.

9:30 to 10:00 "Clinical Aspects of Endometrial Biopsy in 300 Cases"

Lucian Griffith, M.D., and W. L. McBride, M.D., Grand Rapids

10:00 to 10:45 "Special Features in Anatomy and Operative Procedures in Surgically Difficult Growths of the Female Pelvic Viscera"

Arthur H. Curtis, M.D., Chicago

10:45 to 11:15 "Chorio-epithelioma"

Milo R. White, M.D., Detroit

11:15 to 12:00 "Interstitial or Stromatous Endometriosis"

James Goodall, M.D., Montreal

Election of Officers

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Chairman: F. Bruce Fralick, M.D., Ann Arbor
Secretary: O. B. McGillicuddy, M.D., Lansing

OPHTHALMOLOGY

Directors Room—Civic Auditorium

A. M.

9:00 Appointment of Nominating Committee

9:00 to 9:45 "Indications for Operations in Strabismus"

James W. White, M.D., New York

9:45 to 10:15 Discussion

10:15 to 10:30 "Factors Concerning Toxicity of Copper as Intraocular Foreign Body"

Lewis S. Leo, M.D., Houghton

10:30 to 10:45 "Cycloplegics"

Gayle H. Mehney, M.D., Grand Rapids

10:45 to 11:00 "Treatment of Burns of the Eye"

E. L. Whitney, M.D., Detroit

11:00 to 11:15 "Colobomas of the Optic Nerve"

Albert S. Barr, M.D., Ann Arbor

11:15 to 12:00 "Treatment of Less Common Corneal Lesions"

Sanford Gifford, M.D., Chicago

12:00 to 12:30 Discussion

WEDNESDAY MORNING
September 20, 1939

OTOLARYNGOLOGY

Room "G"—Civic Auditorium

A. M.

9:30 to 10:30 "Chronic Otitis Media and Its Complications"

HAROLD I. LILLIE, M.D., Rochester, Minn.
Discussion: CARL WENCKE, M.D., Battle Creek

10:30 to 11:00 "Orbital Complications of Sinus Disease"

WALLACE H. STEFFENSEN, M.D., Grand Rapids
Discussion: WM. S. GONNE, M.D., Detroit

11:00 to 11:30 "Modifications of the Submucous Resection"

H. LEE SIMPSON, M.D., Detroit
Discussion: FERRIS SMITH, M.D., Grand Rapids

11:30 to 12:00 "Biological Factors in Chronic Sinus Disease"

R. WALLACE TEED, M.D., Ann Arbor
Discussion: DEWEY HEETDERKS, M.D., Grand Rapids

12:00 to 12:30 "Tumors of the Parotid Gland"
A. C. FURSTENBERG, M.D., Ann Arbor
Discussion: EMIL AMBERG, M.D., Detroit

12:45 Luncheon and Election of Officers

SECTION ON PEDIATRICS

Chairman: WARD L. CHADWICK, M.D., Grand Rapids
Secretary: HARRY A. TOWSLEY, M.D., Ann Arbor

Red Room—Civic Auditorium

A. M.

9:30 "Chemotherapy in Otitis Media in Infants and Children"

MOSES COOPERSTOCK, M.D., Marquette

9:50 "The Necessity of Early Surgical Treatment of Otitis Media"

JAMES H. MAXWELL, M.D., Ann Arbor

10:10 "Chemotherapy of Pneumonia"

JAMES WILSON, M.D., Detroit

10:30 "Vitamins in Relation to Anorexia"
BRENTON M. HAMIL, M.D., Detroit

10:50 "Carotene Absorption by Various Mineral Oils"

ARTHUR C. CURTIS, M.D., Ann Arbor, and ROBERT S. BALLMER, M.D., Midland

11:10 "Some Psychogenic Aspects of Anorexia"

BERT I. BEVERLY, M.D., Chicago

11:30 "The Relation of Heart Disease to Growth and Vitamin 'A'"

HUGH MCCULLOCH, M.D., St. Louis

11:50 Business Meeting and Election of Officers

12:15 Adjournment

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman: RUTH HERRICK, M.D., Grand Rapids
Secretary: EUGENE A. HAND, M.D., Saginaw

Room "F"—Civic Auditorium

A. M.

9:30 "Chairman's Address"

RUTH HERRICK, M.D., Grand Rapids

10:00 "Photography in Dermatology"

ARTHUR A. SCHILLER, M.D., Detroit

10:30 "The Use of Cautery in Dermatology"
UDO J. WILE, M.D., Ann Arbor

11:00 "Introduction of a Relatively Painless Electrolysis Instrument"

EUGENE A. HAND, M.D., Saginaw

11:30 "The Indications and Contra-Indications for Radium and X-Ray Therapy"

C. GUY LANE, M.D., Boston

12:00 (noon) Election of Officers

* * *

Pantlind Hotel

P. M.

12:30 Luncheon—"Allergy in Industrial Dermatitis"

LOUIS SCHWARTZ, M.D., Washington, D.C.

5:30 Reception for Members of the Section of Dermatology and Syphilology
Out of State Speakers as Guests
Cocktail Lounge—Pantlind Hotel

THE 100 EXHIBITS ARE WELL WORTH YOUR TIME

A Special Meeting on Medical Service Problems will be held Sunday, September 17, 1939, at 8:30 P. M. in the Grand Ballroom, Pantlind Hotel, Grand Rapids. All M.S.M.S. Delegates and Members are invited and urged to attend this session at which Group Medical Care Plans, Welfare, and the Afflicted-Crippled Children Laws will be discussed.

PROGRAM of GENERAL ASSEMBLIES

WEDNESDAY AFTERNOON
September 20, 1939

Fourth General Assembly

Black and Silver Ballroom, Civic Auditorium

A. S. BRUNK, M.D., Presiding
L. FERNALD FOSTER, M.D., and HARRY A. TOWSLEY, M.D., Secretaries

P. M.

1:30 "Neuritis"

HENRY W. WOLTMAN, M.D., Rochester, Minn.

HENRY W. WOLTMAN

M.D. from University of Minnesota in 1913; Ph.D. in Neurology from University of Minnesota 1917. Head of Section on Neurology at Mayo Clinic; Professor of Neurology, The Mayo Foundation. Served as First Lieutenant in the Medical Corps during the war. Fellow of A.M.A., A.C.P., member of Minnesota Society of Neurology and Psychiatry, the Central Neuropsychiatric Association, the American Neurological Association, Sigma Xi and Alpha Omega Alpha.

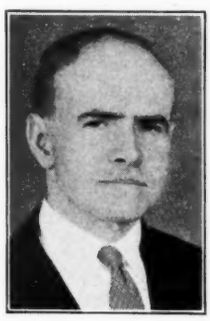
There is hardly a field of medical practice in which some form of neuritis is not encountered at one time or another. The wide variety of clinical pictures neuritis may present, the many circumstances under which it may occur and the numerous unsolved problems that are constantly intruding themselves, soon make it apparent that each case is deserving of the utmost care in clinical study and judgment.

Commonest cause of neuritis of an isolated nerve is some mechanical injury. Causes of so-called multiple neuritis include bacterial infections, viruses, metabolic disorders, deficiencies, poisons, and vascular diseases.

Treatment must be guided by finding and dealing with the cause, if possible, and by instituting such adjuvant measures as physiotherapy, chemotherapy, roentgenotherapy, diet, and surgery.

2:00 "Skin Diseases Affecting the Hands"

C. GUY LANE, M.D., Boston, Mass.



C. GUY LANE

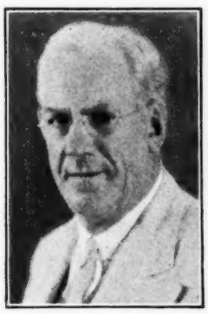
M.D. Harvard Medical School, 1908; Member of Department of Dermatology, Massachusetts General Hospital, since 1920, Chief since 1932; Head of Department of Dermatology, Harvard Medical School, since 1936; On Editorial Board New England Journal of Medicine, Archives of Dermatology and Syphilology; Member American Board of Dermatology and Syphilology, National Committee on Industrial Dermatoses, American Dermatological Association (president, 1935).

Various manifestations of skin affections on the hands and wrists will be discussed, not only of the diseases which are apt to be localized on these areas, but also of the appearance on the hands of various general skin diseases. The group of diseases presenting vesicles will be discussed, the squamous group and the keratotic group, and something will be said of significant nail changes. The differential diagnosis of the most important diseases will be reviewed, and emphasis will be placed on certain industrial phases of hand conditions. Treatment will also be discussed and lantern slides of various clinical manifestations will be shown, some of them in color.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Strabismus in Children"

JAMES WATSON WHITE, M.D., New York City



JAMES W. WHITE

M.D., Albany, 1905. Professor of Ophthalmology, New York Past Graduate Medical School and Hospital (Executive Officer); Consulting Ophthalmologist, Roosevelt Hospital, New York; Consulting Myologist, Brooklyn Eye and Ear Hospital, Brooklyn; Past Chairman, Eye Section, New York Academy of Medicine; Member, A.M.A., American Ophthalmological Society, American Academy of Ophthalmology and Otolaryngology, New York Academy of Medicine and New York Ophthalmological Society.

The etiology of strabismus in children varies so widely that mistaken diagnoses and entirely wrong conceptions of a squint are frequent. Hypermetropia is so frequently found that glasses are supposed to correct most cases of convergent, and many cases of divergent strabismus. This has led to many errors in both diagnosis and treatment.

Convergent strabismus may be due to hypermetropia, but myopia may also cause the eyes to cross. They may also cross because of an excessive act of convergence, or to an underaction of the diverging function. These, however, may look very much like strabismus due to an overacting adductor muscle or to an underacting abductor muscle. Divergence strabismus may also be due to hypermetropia, or to myopia, or to an underaction of convergence, or to an overaction of divergence. Vertical strabismus may be due to an overaction or an underaction of the muscles of elevation or depression or to an anomaly of sursumvergence.

Cases are seen where the difference in level seems to be the whole cause or a contributing cause of the excessive convergence or divergence. Various congenital anomalies will be illustrated by lantern slides and drawings.

3:30 "Treatment of Rheumatic Children"

HUGH MCCULLOCH, M.D., St. Louis, Mo.

HUGH MCCULLOCH

M.D., Johns Hopkins University, 1912. Associate Professor of Pediatrics, Washington University School of Medicine; Associate Physician, St. Louis Children's Hospital; Physician in Charge: Convalescent Department, Children's Hospital; Children's Cardiac Clinic, Washington University Dispensary; Community School. Co-Editor, Journal of Pediatrics; Associate Editor American Heart Journal. Secretary, American Pediatric Society; Founder Member and one time member Board of Directors, American Heart Association; Fellow, American Academy of Pediatrics.

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Treatment of rheumatic fever and heart disease based on general principles applied to individual patients.

Essential factors to be properly estimated: (1) heredity; (2) social status; (3) time of year; (4) age of patient; (5) number of attacks; (6) type of attack; (7) location and degree of injury to local parts of body.

Patients may be grouped as: I. Rheumatic fever without heart disease; (a) active, and (b) inactive.

II. Rheumatic heart disease without complete failure; (a) active, and (b) inactive.

III. Rheumatic heart disease with congestive failure; (a) active, and (b) inactive.

Discussion of details applicable to patient at any stage of this scheme.

4:00 "Management of Carcinoma of the Cervix"

ARTHUR HALE CURTIS, M.D., Chicago, Ill.

ARTHUR H. CURTIS

M.D., Rush Medical College, 1905; LL.D., University of Wisconsin, 1935; Chief of the Gynecologic Service, Passavant Memorial Hospital, Chicago; Professor of Obstetrics and Gynecology, and Chairman of Department, Northwestern University Medical School.

Presentation of personal experience and views relative to examinations for establishment of the diagnosis. Outline of details in the management of various types of cervical cancer commonly encountered. Lantern demonstration of special features in anatomy concerned, and pictures of unusually interesting cases.

4:30 "Differential Diagnosis and Treatment of Jaundice"

WALTMAN WALTERS, M.D., Rochester, Minn.

WALTMAN WALTERS

M.D., Rush Medical College in 1920; head of Section in Surgery of Mayo Clinic since 1924; Professor Surgery since 1936 in the Mayo Foundation. He is a Commander, Volunteer service in the Medical Corps of the U. S. Naval Reserve. He is a member of the editorial board of "Minnesota Medicine" and Chairman of the editorial board of the "Archives of Surgery." He is a Fellow of the American College of Surgeons, the American Surgical Association, the American Medical Association, the Society of Clinical Surgery, the American Urological Association, Sigma Xi, Phi Beta Kappa, Psi Upsilon, and Alpha Kappa Kappa.

The etiology, symptomatology, and the treatment of obstructive jaundice will be considered. Attention will be directed to the possible sources of error in the diagnosis of stone in the common bile dust, pancreatitis and carcinoma. A résumé will be given of the newer preoperative measures directed to prevent bleeding in cases of jaundice; this will include a consideration of the use of vitamin K.

4:50 End of Fourth General Assembly

SAVE AN ORDER FOR AN M.S.M.S. EXHIBITOR

WEDNESDAY EVENING
September 20, 1939

Fifth General Assembly
Public Meeting

Black and Silver Ballroom, Civic Auditorium
HENRY A. LUCE, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

PRESIDENT'S NIGHT

P. M.

8:00
1. **Call to order by the President**
2. **Invocation—**
3. **Address of Welcome—Wm. R. Torgerson, M.D., President of Kent County Medical Society, Grand Rapids**
4. **Announcements and Reports of the House of Delegates, by the Secretary**

8:15
5. **President's Annual Address—Henry A. Luce, M.D., Detroit**
6. **Induction of Burton R. Corbus, M.D., Grand Rapids, into Office as President of the M.S.M.S.**

   Presentation of Scroll and Past President's Key to Henry A. Luce, M.D., Detroit
   Responses
7. **Resolutions and motions**
8. **Introduction of the President-Elect, and other new officers of the Michigan State Medical Society**

8:45
9. **The Andrew P. Biddle Oration:**

   "What Price Depression"

ROCK SLEYSTER, M.D., Wauwatosa, Wis., President, American Medical Association

ROCK SLEYSTER

M.D., University of Illinois College of Medicine, 1902; Directed the building of the Wisconsin Hospital for the Criminal Insane and later became director of the Milwaukee Sanitarium, which positions he still holds. Elected Secretary of the Wisconsin State Medical Society in 1914 and held this position until 1924 when he was elected President. Since 1925 he has been Treasurer of the Society. From 1918 to 1923 Doctor Sleyster was editor of the Wisconsin Medical Journal. From 1915 to 1926 he served as Delegate to the A.M.A. and during the last four years of that period was Vice Speaker of the House of Delegates. He became trustee of the A.M.A. in 1926 and served until 1937, being chairman of the Board from 1935 to 1937. Elected President of the American Medical Association in 1938. Doctor Sleyster is a fel-

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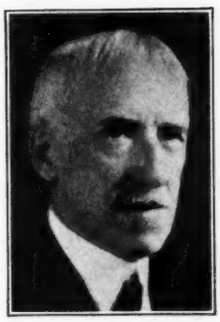
low and member of the board of governors of the American College of Physicians, and member of the American Psychiatric Association, the Association for Research in Nervous and Mental Diseases, and the Central Neuropsychiatric Association.

Presentation of Biddle Oration Scroll to Dr. Sleyster



A. P. BIDDLE, M.D., Detroit
Patron of Postgraduate Medical Education

10.00 End of Fifth General Assembly

THURSDAY MORNING
September 21, 1939

Sixth General Assembly

Black and Silver Ballroom, Civil Auditorium

GEORGE A. SHERMAN, M.D., Presiding
L. FERNALD FOSTER, M.D., and OTTO O. BECK, M.D., Secretaries

A. M.

9:30 "Pre-Natal and Post-Natal Care of a Pregnant Diabetic Woman"

ANTHONY SINDONI, JR., M.D., Philadelphia, Penna.

ANTHONY SINDONI, JR.

Chief of the Department of Metabolism at the Philadelphia General Hospital; Chief Metabolic Consultant at the American Oncologic Hospital; Author of the Book, Diabetes: A Modern Manual; and author of numerous papers on diabetes.

In spite of insulins, and other modern care, the pregnant diabetic woman confronts the obstetrician and the internist with a serious problem—the chances of having a live, normal child survive. This desire can be further realized by closer coöperation of the obstetrician and internist; more reliance upon blood chemistry; careful study of individual carbohydrate tolerance throughout pregnancy with insulin dose adjusted according to its variation; optimum and adequate diet; choice of delivery to be decided by the obstetrician, internist and condition of patient. Following delivery increased hyperglycemia or acidosis is not to be overlooked in the mother though improvement is not infrequent. In the child hypoglycemia reactions are not uncommon, which are to be combated by glucose—orally or intramuscularly. Signs of asphyxia are also to be suspected in the newborn and corrected by respiratory of oxygen and other appropriate measures or respiratory stimulants.

10:00 "Management of Occiput Posterior"

L. A. CALKINS, M.D., Kansas City, Mo.

L. A. CALKINS

M.D., University of Minnesota, 1919; M.S., University of Minnesota, 1920; Ph.D., University of Minnesota, 1921. Assistant Professor Obstetrics and Gynecology, University of Minnesota, 1921-24; Professor of Obstetrics and Gynecology, University of Virginia, Department of Medicine, 1924-29; Professor Obstetrics and Gynecology, University of Kansas, Medical School, 1929 to present time. Co-author with R. E. Scammon "Growth in the Fetal Period." Member Central Association of Obstetricians and Gynecologists and of American Association of Anatomists; Fellow American Gynecological Society, American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

By carefully compiling 2,500 consecutive labor records it has now been found evident that occiput posterior occurs with about equal frequency with occiput anterior. Maternal morbidity is only slightly, if any, greater in occiput posterior; fetal mortality is the same or less; operative delivery is scarcely more frequent; spontaneous internal rotation will occur with about the same frequency as in occiput anterior. The only definite difference between occiput posterior and occiput anterior is the slightly longer labor in the former.

ACKNOWLEDGMENT: The W. K. Kellogg Foundation is sincerely thanked for its sponsorship of this lecture.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Occupational Dermatoses"

LOUIS SCHWARTZ, M.D., Washington, D.C.

LOUIS SCHWARTZ

M.D., Jefferson Medical College, 1905; Entered U. S. Public Health Service 1906, and has served in various parts of the United States, Canada, Alaska, and the Philippines. Engaged in industrial hygiene service since 1920, has done investigations and written papers on Posture, Lighting, Radium poisoning, Lead poisoning, Trachoma, Occupational and other forms of contact Dermatitis, and written a textbook on Occupational Diseases of the Skin. Doctor Schwartz is now in charge of the Office of Dermatoses Investigations of the U. S. Public Health Service at the National Institute of Health, Bethesda, Maryland.

Occupational dermatoses comprise 70 per cent of all occupational diseases and cost the United States about 4 million dollars per year.

Certain chemicals are primary skin irritants, while others irritate only the hypersensitive.

Knowledge of dermatology and familarity with the personal and occupational history and occupational processes, together with the proper application and evaluation of the patch test, are necessary for correct diagnoses.

Severe cases should be removed from work; mild cases should be treated and continue at work, as they may thus develop an immunity.

The medicinal treatment should consist of only the mildest lotions and ointments.

THURSDAY MORNING
September 21, 1939

11:30 "Some Practical Points in Diagnosis and Treatment in Otolaryngology of Importance to the General Practitioner"

HENRY M. GOODYEAR, M.D., Cincinnati, O.

HENRY M. GOODYEAR

M.D., Northwestern University, 1915; Assistant Professor of Otolaryngology, Cincinnati University, College of Medicine; Assistant Director (Otology) Otolaryngology, Cincinnati General Hospital; Associate Otolaryngologist, Cincinnati Children's Hospital; Attending Otolaryngologist, Christ Hospital. Fellow American Laryngological Society, American Otological, American Academy of Ophthalmology and Otolaryngology and American College of Surgeons.

The treatment of traumatic injuries to the external ear, and infections of the external auditory canal. Acute and chronic infections of the middle ear and mastoid. What constitutes a dangerous ear?

A brief comment on the use of sulfanilamide in ear and throat infections.

External infections of the nose and nasal fractures. What shall be the immediate treatment? Nasal hemorrhages.

Comments on nasal sinus infections, treatment and the prevention of chronic bronchitis.

Emergency incision for an intraorbital abscess. Retropharyngeal abscess. Throat hemorrhages.

Relation of age to tonsil and adenoid operations.

Early symptoms of carcinoma of the larynx.

M.

12:00 "Pyuria: Its Diagnostic Significance"

BUDD C. CORBUS, M.D., Chicago, Ill.

BUDD C. CORBUS

Formerly Professor of Genitourinary Diseases at University of Illinois. Formerly Instructor at Rush Medical College, Chicago, Ill. Founder of the Illinois Social Hygiene Dispensary, Chicago; Director of the Evanston Social Hygiene Dispensary, Evanston; Attending Urologist at Evanston Hospital; Collaborator Cabot's Textbook of Urology; Collaborator History of Urology, American Urological Association, member of American Urological Association.

Pyuria, or pus in the urinary tract, is the most common urological finding that occurs in the general practice of medicine. However, its exact source is often most difficult to discover. With the modern diagnostic methods that the urologist is familiar with plus additional information obtained from subcutaneous urography in children and intravenous and retrograde urography in adults, it should not be so difficult provided a systematic method of procedure in hunting for the original foci of infection is closely adhered to.

In order to better study the etiological factors that produce pyuria, infections of the urinary tract are considered as coming from two sources; i.e.,

a. From outside of the body,
b. From inside the body.

P. M.

12:30 End of Sixth General Assembly Luncheon—

DON'T FAIL TO VISIT THE $60,000 EXHIBIT ARRANGED FOR YOUR CONVENIENCE

THURSDAY AFTERNOON
September 21, 1939

Seventh General Assembly

Black and Silver Ballroom, Civic Auditorium

H. ALLEN MOYER, M.D., Presiding
L. FERNALD FOSTER, M.D., and EUGENE HAND, M.D., Secretaries

PREVENTIVE MEDICINE ASSEMBLY

1:30 "The Importance of Latent Syphilis from the Standpoint of the General Practitioner"

HAROLD N. COLE, M.D., Cleveland, O.

HAROLD N. COLE

Professor of Dermatology and Syphilogy, Western Reserve University; Member, Council of Pharmacy and Chemistry, American Medical Association; Member, American Board of Dermatology and Syphilology; Former Secretary and President of the Section on Dermatology and Syphilology, American Medical Association; Former President, American Dermatological Association; Member Coöperative Clinical Group and of the Surgeon General's Advisory Committee on Syphilis.

The word latent is derived from the Latin word "latere," to be hidden or concealed. Latent syphilis is a type, usually revealing itself by positive serologic blood tests. Physical examinations may be negative, and yet completely beneath the surface the disease may be really active, as in a syphilitic aortitis.

Latent syphilis is important because it is so often unrecognized, and even unknown to its victim. This is especially true of women, and the percentage of asymptomatic syphilitic infections in women runs very high.

Yet latent syphilis may still be contagious, and the incidence of conjugal infection is high. Moreover, the disease may be transferred from mother to child in pregnancy and by blood donors in transfusion.

Routine use of serologic blood tests should be used by the medical man in all pregnant women and in all new cases seen in practice.

The earlier latent syphilis is discovered and the patient put under treatment, the better the response.

Ordinarily latent syphilis responds nicely to routine treatment with alternate courses of accepted arsenicals and bismuth salts. Such cases should receive more of the heavy metal than of arsenical treatment.

2:00 "The Modern Approach to the Earlier Diagnosis of Pulmonary Tuberculosis"

JAMES ALEXANDER MILLER, M.D., New York City

JAMES A. MILLER

Physician-in-Charge of the Tuberculosis Service at Bellevue Hospital for thirty-five years, now Consultant Physician in the same service. Professor of Clinical Medicine, College of Physicians and Surgeons, Columbia; Consultant Physician at the Presbyterian Hospital, Post-Graduate Hospital and Brooklyn Hospital. Formerly President of the New York Tuberculosis Association, National Tuberculosis Association, New York Academy of Medicine and at present President of the Trudeau Sanatorium.

THURSDAY AFTERNOON
September 21, 1939

The really early diagnosis of pulmonary tuberculosis is still comparatively rare. What in this paper is termed the modern approach to earlier diagnosis is based upon the concept of the pathogenesis of the disease. It is now more and more generally recognized that pulmonary tuberculosis is secondary to a previous lesion usually in the tracheobronchial lymph nodes and that the infection reaches the lungs through the lmyph and blood stream.

The first lesions which are there produced are very small and usually of no clinical significance and can be recognized only by careful x-ray examination. It is from these lesions, however, that the majority of serious cases of pulmonary tuberculosis arise.

The reasons for this are discussed in this paper as well as the evidences of their change from benign to malignant lesions. The x-ray, therefore, becomes the most important means at our disposal and interpretation of the x-ray findings is the measure of our ability to make earlier diagnosis. X-ray surveys of apparently well people are becoming more and more common and it is through the proper interpretation of such x-rays and the following up of the subsequent behavior of apparently inactive lesions that the really early diagnosis of clinically active tuberculosis is to be made.

ACKNOWLEDGMENT: The Michigan Tuberculosis Association is sincerely thanked for its sponsorship of this lecture.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Sickness Disability Among Wage-Earners"

McIver Woody, M.D., New York City

McIver Woody

M.D., Harvard, 1912; Secretary of Faculty of Medicine, 1917-18; University of Tennessee: Dean and Professor of Surgery, 1920-21; Medical Department, Standard Oil Company of New Jersey 1922 to present; President American Association of Industrial Physicians and Surgeons.

Statistics show that, in organizations where accident prevention has been most successful, fifteen to twenty days are lost because of sickness for every day that is lost because of accident. Although industrial physicians are primarily concerned with accidents and occupational diseases, and rightly so, they can do much to control the incidence of ordinary illness within factory and plant: first, by seeing to it that when defects are brought to light at physical examination, the family physician is consulted without delay; and second, by collecting statistics on loss of time from sickness and studying them more critically than ever before.

3:30 "The Control of Pneumonia"

Lloyd D. Felton, M.D., Washington, D. C.

Lloyd D. Felton

M.D., Johns Hopkins, 1916; Sc.D., Wooster, 1925. Associate in Pathology and Bacteriology, Johns Hopkins, 1916-20; Associate in Pathology, Rockefeller Institute, 1920-22; Assistant Professor of Preventive Medicine and Hygiene, Harvard Medical, 1922-35; Associate in Pathology and Bacteriology, Johns Hopkins, 1935-38; Senior Surgeon, U. S. Public Health Service, 1938 to present; Member: American Chemical Society, Society American Bacteriologists, American Association for Advancement of Science, Sigma Xi, Phi Beta Kappa.

Control of pneumonia necessitates a study of possible prevention and improvement in methods of treatment. Prevention includes an understanding of the epidemiology of the disease taking into consideration variations in the infective agent and in factors which influence host resistance. Attempts have been made to estimate the host resistance by measuring the antibody response following the injection of antigenic polysaccharide. It has been observed that the same dose of a standard antigen stimulates response varying in degree in different individuals. It is possible that this variation is a measure of individual susceptibility to pneumonia and that the general population may be divided into susceptibles and non-susceptibles.

Significant advances have been made in improvement of treatment of pneumonia. Specific serum has established a base line by which any new form of treatment can be judged. For certainly mortality rate can be reduced by this form of treatment. The recently developed sulfapyridine apparently is at least as effective and less costly. But until a more extensive study of the pharmocology of the drug has been made, it should be used with caution. Combined serum and sulfapyridine treatment may be the most effective safe procedure.

ACKNOWLEDGMENT: The Michigan Department of Health is sincerely thanked for its sponsorship of this lecture.

4:00 "Surgical Treatment of Breast Cancer"

Benjamin Rice Shore, M.D., New York City

Benjamin R. Shore

A.B., University of Missouri, 1920; M.D., Harvard University, 1924; Fellow American College of Surgeons; Attending Surgeon St. Luke's Hospital, New York City.

Cancer of the breast is primarily a surgical disease and, beginning with the time a specimen is taken for histologic study, the patient should be in the hands of a surgeon competent, because of pathological and technical training, to proceed with radical surgery at the time. While we recognize that aspiration or punch biopsies in very competent hands have proved satisfactory, we do not believe that the average physician is either properly educated or technically able to remove adequate tissue by these means for the diagnosis of breast tumors in his patients. The risks inherent in this practice, which is rapidly gathering popularity, are considerable and its general use should be discouraged.

4:30 End of Seventh General Assembly

YOUR FRIENDS IN THE EXHIBIT HAVE SOMETHING NEW TO SHOW YOU

The Preventive Medicine Committee Reunion, for present and past members of the M.S.M.S. Preventive Medicine Committees, will be held Thursday, September 21, 1939, 12:30 to 1:30 P. M. in the Swiss Room of the Pantlind Hotel.

Dr. Lloyd D. Felton of Washington, D. C., will be guest speaker. His subject will be "Host Factors in Pneumonia."

All members of the M.S.M.S. are cordially invited to attend this subscription luncheon.

THURSDAY EVENING
September 21, 1939

Eighth General Assembly
Public Meeting

Black and Silver Ballroom, Civic Auditorium

JAMES D. BRUCE, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

POSTGRADUATE CONVOCATION

P. M.

8:00 **1. Call to order**

2. (a) "Postgraduate Education—Michigan's Experience"

JAMES D. BRUCE, M.D., Ann Arbor
Vice President in Charge of University Relations, University of Michigan; Chairman, Committee on Postgraduate Medical Education, Michigan State Medical Society.

(b) Presentation of Certificates of Associate Fellowship in Postgraduate Education, Michigan State Medical Society.

8:30 **3. Address**

JAMES ALEXANDER MILLER, M.D., New York City

JAMES A. MILLER

An appreciation of what Michigan is doing in Continuing Medical Education for practitioners in medicine, as well as an appreciation of the importance of the movement; comments and suggestions concerning the ways and means by which Continuing Medical Education can be most satisfactorily organized. Improving the quality of medical practice is to be the best answer to the problems which confront the profession in connection with various governmental and social experiments that are being suggested.

10:00 **End of Eighth General Assembly**

Parking—Do not park your car on the street. Convention parking near the Civic Auditorium will be marked off with suitable sidewalk signs. The Grand Rapids Police Department will issue courtesy cards (at Registration Desk) for out-of-town autos which give parking privileges but do not apply to metered spaces. Nearby parking lots are available, as well as convenient indoor parking facilities. The indoor parking rates at the Pantlind Garage is 50c for 24 hours. Parking is free for 24 hours with one of the following services (a) car wash; (b) complete lubrication; (c) oil change; (d) purchase of 10 gallons of gasoline.

FRIDAY MORNING
September 22, 1939

Ninth General Assembly

Black and Silver Ballroom, Civic Auditorium

WM. E. BARSTOW, M.D., Presiding
L. FERNALD FOSTER, M.D., and IRA G. DOWNER, M.D., Secretaries

A. M.

9:30 **"Recent Trends in the Investigation and Treatment of Sterility"**

CARL P. HUBER, M.D., Indianapolis, Ind.

CARL P. HUBER

M.D., University of Michigan Medical School, 1928; member of Michigan Medical Faculty, Department of Obstetrics and Gynecology, until 1936; Consulting Obstetrician and Gynecologist, Chicago Lying-in Hospital and Instructor in Gynecology and Obstetrics, University of Chicago, 1936-38. At present, Assitant Professor of Obstetrics and Director of Research in Obstetrics and Gynecology, Indiana University, with active direction of Postgraduate eduction in Obstetrics under auspices of Indiana University, the Indiana State Medical Association and the State Board of Health.

The major causes of sterility are reviewed. A plan for investigation of the sterile couple is presented and illustrated. Emphasis is placed from the therapeutic standpoint upon the endocrine relationships essential for conception and continuation of pregnancy. The indications for hormone therapy are stressed and results with the gonadotropic hormone from pregnant mare serum are discussed.

10:00 **"Diagnosis and Treatment of Carcinoma of the Colon and Rectum"**

THOMAS E. JONES, M.D., Cleveland, O.

THOMAS E. JONES

M.D., Western Reserve University Medical School, 1916; Surgical Staff of The Cleveland Clinic since its inception in 1920.

Advancement in technical aids in the diagnosis of carcinoma of the colon in recent years have aided materially in early diagnosis. However, the interpretation of early clinical manifestations of this condition is likewise suffering from it. It has become too easy to say, "Have an X-ray," which frequently will not demonstrate an early lesion or it may be confused with other conditions. Clinical interpretation cannot be dispensed with. In the treatment, surgery is still the choice if there is no obvious metastasis or if the physical condition of the patient does not justify it. Types of operations are described, with special emphasis on the value of the combined abdominoperineal operation in carcinoma of the rectum.

10:30 **INTERMISSION TO VIEW THE EXHIBITS**

FRIDAY MORNING
September 22, 1939

11:00 "Psychiatry in the Service of the Schools"

HENRY C. SCHUMACHER, M.D., Cleveland, O.

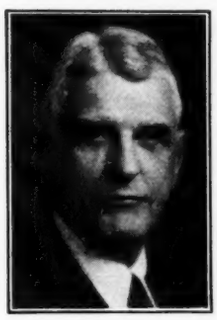
H. C. SCHUMACHER

M.D., St. Louis University School of Medicine, 1919; LL.D., St. Benedict's College, 1938. Diplomate American Board of Psychiatry and Neurology, 1939; Director Child Guidance Clinic, Cleveland, 1926 to present; Associate in Pediatrics, School of Medicine, Western Reserve University, 1933 to present; Fellow American Psychiatric Association, American Orthopsychiatric Association; member American Association for Advancement of Science, National Conference of Social Work, Phi Beta Pi, and Alpha Omega Alpha.

Many educational problems are the result of maladjustments of adults—parents and/or teachers—and child which are amenable to psychiatric treatment. This holds for causes that are commonly looked upon as somatic, such as sensory disturbances and nutritional lacks, as much as for those causes that might be subsummed under "conflict" and attempts at adjustment thereto. This paper will aid at showing that "problem behavior" involves the whole child in his total setting. And, furthermore, that such behavior is an index of poor health and hence a medical problem requiring for its solution sound medical training as well as knowledge of what certain auxiliary sciences can contribute to an appraisal of the total situation and to the treatment of certain of the underlying causes.

11:30 "Hygiene of Infancy and Childhood"

RICHARD M. SMITH, M.D., Boston, Mass.



RICHARD M. SMITH

M.D., Harvard Medical School, A. B. Williams College. Previously Association Physician, Children's Hospital, Boston. Present Visiting Physician, Infants' Hospital, Children's Hospital. Assistant Professor Pediatrics and Child Hygiene Harvard Medical School and School of Public Health. Member: American Medical Association, American Academy of Pediatrics, American Pediatric Society, Massachusetts Medical Society, N. E. Pediatric Society, Author of "The Baby's First Two Years," "From Infancy to Childhood," numerous articles dealing chiefly with pediatrics in various medical journals.

Hygiene is the science of preserving health.

The fact that most adults show some evidence of disease indicates that efforts to preserve health have not been successful in relation to the majority of individuals.

Hereditary, pre-natal and natal causes all influence health.

Provided an infant is born without handicaps, the physician may exercise a controlling influence upon his health. It is essential that physicians supervising children should be familiar with the normal growth and development pattern of the child and be cognizant of the factors which favor the progress of the orderly pattern and also of those factors which may cause unfavorable deviation.

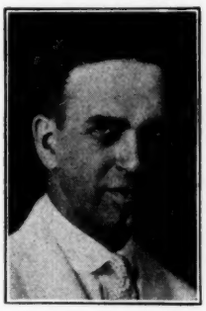
Periodic health examinations furnish the opportunities for contact with the child and the education of the parents in child care.

Among the important factors determining health are food, daily routine, environment, psychological adjustments and prevention of disease.

M.

12:00 "State Programs of Service for Crippled Children Under Social Security Act"

ROBERT C. HOOD, M.D., Washington, D. C.



ROBERT C. HOOD

M.D., Johns Hopkins School of Medicine, 1916; in 1917 he was commissioned in the Medical Officers Reserve Corps of the Army and served two years in England and France, where he was promoted to rank of Captain. After the Armistice he studied pediatrics in England, following which he engaged in pediatric work in New York City and Cincinnati. Doctor Hood was engaged in private pediatric practice in Clarksburg, West Virginia, for thirteen years. In 1936, he was given a Civil Service Appointment as Director of the Crippled Children's Division of the Children's Bureau, U. S. Department of Labor. Doctor Hood has immediate supervision of the administration of that part of the Social Security Act relating to Federal grants to the States to enable them to extend and improve their services for crippled children.

Services for crippled children under Title V, part 2, of the Social Security Act include provision for the location, diagnosis, hospitalization, medical and surgical treatment, and after-care for crippled children.

Federal funds are made available to the State in the form of grants-in-aid to official agencies established under State law, which administer the programs. At the present time, State plans are in operation in all of the States, Alaska, Hawaii, and the District of Columbia.

Details of administration and procedures will be discussed.

ACKNOWLEDGMENT: The Children's Fund of Michigan is sincerely thanked for its sponsorship of this lecture.

P. M.

12:30 End of Ninth General Assembly Luncheon—

HAVE YOU VISITED THE WONDERFUL EXHIBIT?

FRIDAY AFTERNOON
September 22, 1939

Tenth General Assembly

Black and Silver Ballroom, Civic Auditorium

F. T. ANDREWS, M.D., Presiding

L. FERNALD FOSTER, M.D., and CLYDE K. HASLEY, M.D., Secretaries

1:30 "Recent Advances in the Diagnosis and Treatment of Thyroid Disease"

GEORGE CRILE, JR., M.D., Cleveland, O.

GEORGE CRILE, JR.

M.D., Harvard Medical School, 1933; Fellow at Cleveland Clinic Foundation from 1934 to 1937; for six months during 1937 Resident in Gynecology at the Roosevelt Hospital, New York, and a member of the Surgical Staff at the Cleveland Clinic since November 1937.

All large goiters, all intrathoracic goiters, approximately 90 per cent of all malignant tumors of the thyroid, and 50 per cent of all cases of hyperthyroidism, are the end-result of iodine deficiency. The physiology of iodine deficiency and of the development of these

FRIDAY AFTERNOON
September 22, 1939

pathological changes is discussed. Clinical and laboratory methods for diagnosis of hyperthyroidism are evaluated. The necessity of individualizing the treatment of each patient with hyperthyroidism is emphasized, and it is pointed out that each group of cases presents special problems in the treatment of which special therapy should be used if the best results are to be obtained.

2:00 "The Prevention and Cure of Deformity and Disability after Poliomyelitis"

PHILIP LEWIN, M.D., Chicago, Ill.

PHILIP LEWIN

M.D., Rush Medical School, University of Chicago, 1911; Associate Professor of Orthopedic Surgery, Northwestern University Medical School; Attending Orthopedic Surgeon at Cook County Hospital and Michael Reese Hospital; Professor of Orthopedic Surgery, Cook County Graduate School of Medicine; Consulting Orthopedic Surgeon, Municipal Contagious Disease Hospital, Chicago; Member of the Committee on Prevention and Treatment of After-Effects, of the National Foundation for Infantile Paralysis.

The highlights of my paper include a discussion of the treatment of a patient with poliomyelitis from the moment the diagnosis is made or suspected until he is restored to his maximum physical condition. The discussion will include a résumé of orthopedic care of the patient in the home, in the farm house, in the contagious ward of a general hospital, in an orthopedic hospital, The general practitioner should know what can be accomplished by surgery, even if he isn't trained to do it, even if he doesn't want to do it, or the patients won't accept his advice. I shall include care during the acute stage and during the later stages. I shall discuss what to do when an epidemic is in progress, or is threatening, and what not to do. The paper will be illustrated with lantern slides. There will be ten minutes set aside for a question box. The visitors are encouraged to send up questions they would like to have discussed or answered.

ACKNOWLEDGMENT: The Michigan Crippled Children Commission is sincerely thanked for its sponsorship of this lecture.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Treatment of Pneumonia with Sulfapyridine and Specific Serum"

MAXWELL FINLAND, M.D., Boston, Mass.

MAXWELL FINLAND

Associate in Medicine, Harvard Medical School; Assistant Physician Thorndike Memorial Laboratory; Junior Visiting Physician, Boston City Hospital.

Data are presented to indicate that both specific serums and sulfapyridine are highly effective curative agents in the treatment of pneumonia. An attempt is made to indicate, as far as present data permit, the conditions under which each of these forms of treatment are most effective when used separately or in combination.

3:30 "The Present Medical and Surgical Status of the Chronic Gall Bladder"

WARREN H. COLE, M.D., Chicago, Ill.

WARREN H. COLE.

M.D., Washington University, School of Medicine, 1920. Spent one year in internal medicine in Baltimore and returned to St. Louis, where he became associated with the Department of Surgery at Washington University. Since September 1, 1936, he has been Professor of Surgery at the University of Illinois. He is the co-author of a book entitled "Diseases of the Gall Bladder and Bile Ducts," and another entitled "Textbook of General Surgery."

The first consideration in treatment of gallbladder disease is correctness of diagnosis; the second deals with the problem as to whether operation is indicated. In diagnosis the most important feature is to eliminate other lesions, so many of which simulate cholecystitis. Cholecystography, gastro-intestinal x-ray series, gastric analysis and other laboratory aids will be helpful. Unfortunately medical treatment is relatively ineffectual in actually eliminating cholecystic disease, but has a very important role in the care of patients who have mild or infrequent attacks and who may not need cholecystectomy. Pre-operative and postoperative care including the use of vitamin K, the Wangensteen tube, etc., will be discussed.

4:00 "Coronary Disease, Including Angina Pectoris"

WM. D. STROUD, M.D., Philadelphia, Penna.

WM. D. STROUD

M.D., University of Pennsylvania, 1916; Honorary Surgeon to First Troop Philadelphia City Cavalry; Cardiologist to the Pennsylvania Hospital; Director of the Heart Station and Chief of the Adult and Children's Heart Clinics; Professor of Cardiology of the University of Pennsylvania Graduate School of Medicine; Consulting Cardiologist to the Graduate Hospital; President American Heart Association; Chairman of the Cardiac Clinics Committee; Treasurer of the American College of Physicians and member of the Board of Regents and of the Executive Committee.

This subject is not only of importance because a high percentage of physicians die from its effects, but also since it is so often associated with hypertension. This triad, hypertension, coronary insufficiency and cardiac infarction includes, by far, the largest number of patients seen by the internist and general practitioner.

The possible reasons for the apparent steady increase in incidence of these cases and the possibilities of early diagnosis and reduction of factors which seem to contribute toward the progress of this pathological picture, will be reviewed. The pathological changes, physiological reactions and differential diagnosis, prognosis and treatment will be discussed, as well as the age and sex incidence, plus the apparent relationship between disease of the gastro-intestinal tract and gall bladder, which seems to be of importance. A number of cases suggesting the close association between gall bladder disease and coronary insufficiency with "angina of effort" will be reviewed.

Optimism by the physicians with reassurance are the two most important forms of treatment. Too often the physician frightens the patient for no good reason. A careful review of the home and business situation with possible readjustment is essential. Pharmacological and surgical methods of treatment will also be discussed.

4:30 End of Tenth General Assembly and the Convention

TECHNICAL EXHIBITS

Abbott Laboratories **Space No. B-13**
North Chicago, Illinois

You will find a hearty welcome in the Abbott booth, where a comprehensive selection of leading specialties awaits your inspection.
Abbott trained representatives invite your questions and will gladly discuss the newer products with you.

A. S. Aloe Company **Space No. C-12**
St. Louis, Missouri

The A. S. Aloe Company exhibit will include a complete line of physician's office equipment and instruments. Featured will be Aloe Steeline treatment room furniture, with the new Irrigator Table, and the new Aloe Short Wave Unit. Aloe representatives E. E. Davis and A. A. Vaughan will be in attendance.

The Arlington Chemical Company
Yonkers, New York **Space No. D-12**

The Arlington Chemical Co. will exhibit their entire line of pharmaceuticals and biological products. We believe the physicians will be especially interested in the $1.00 diagnostic pollen outfits, a sample of which will be extended with our compliments, and also the recently issued $9.75 diagnostic protein outfit containing approximately 1,500 tests. Our representatives will be very glad to discuss with physicians any of their allergic problems.

Bard-Parker Company **Space No. F-15**
Danbury, Connecticut

Among the Bard-Parker products exhibited are Rib-Back Blades, Renewable Edge Stainless Steel Scissors, Lahey Lock Forceps, Formaldehyde Germicide and Containers for rustproof sterilization of surgical instruments, and Hematological Case for obtaining blood samples at the bedside.

Barnett Laboratories **Space No. A-4**
Chicago, Illinois

The Barnett Laboratories is featuring clinical photographic equipment. Their synchronized lighting arrangement is adaptable to popular cameras such as the Leica, Contax, Perfex, Korelle Reflex, Graflex, etc. Focusing attachments for the Perfex, Leica and Contax cameras, allowing them to be used for copying and photo-microscopy will also be shown. A reduced eye demonstrating the manner in which light rays focus upon retinas of myopic, emmetropic and hyperopic individuals will be demonstrated.

Barry Allergy Laboratory Inc. **Space No. F-5**
Detroit, Michigan

The Barry Allergy Laboratory will exhibit the most recent developments in testing and treatment materials for the management of the allergic patient, particularly from the general practitioner standpoint. Services and materials and the methods of preparation, based on the individual patient's history and reactions, will also be demonstrated. Specialized services for hospitals, clinics, and specialists will be described.

W. A. Baum Co. Inc. **Space No. D-7**
New York, New York

W. A. Baum Co. Inc. will show for the first time in Michigan the new STANDBY Model Lifetime Baumanometer. Routine office bloodpressure readings are greatly simplified by this new office Model. Standing on the floor, it is 38½" high. Made of die cast magnesium (Dow Metal), it weighs only 6½ pounds. The STANDBY Model is practical and pleasing in design and proportion and possesses other new and original features.

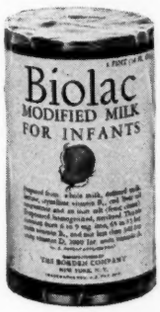
Becton, Dickinson & Co. **Space No. E-18**
Rutherford, New Jersey

Becton, Dickinson & Company will exhibit a full line of all glass syringes, rustless steel needles, Asepto syringes, thermometers, Ace bandages and diagnostic instruments.
The attendants at the booth will be competent to answer questions regarding use, care, sterilization and standardization of all items and will be happy to discuss problems pertaining to the instruments at any time.

Boericke & Tafel **Space No. F-3**
Chicago, Illinois

The Exhibit of Boericke & Tafel, under supervision of their genial representative, Mr. Frank B. Monroe of Battle Creek, is featuring Concentrated Liver Extract (oral) for pernicious anemia. Their display of Pharmaceuticals and books is captioned under the unique slogan "Over a Century of Service."

The Borden Company **Space No. F-19**
New York, New York



New, yet already remarkably successful in infant feeding, BIOLAC is exhibited for the first time in Michigan at the Borden Booth. Competent representatives will gladly provide specific, helpful information on the unique virtues of this **liquid** modified milk.
Also exhibited are other Borden products, notably Dryco, Special Dryco, Klim, Beta Lactose, Merrell-Soule Products and Borden's Irradiated Evaporated Milks.

The Burrows Company **Space No. D-20**
Chicago, Illinois

The Burrows Company will display the electric Suction and Ether Unit, Superior Electric Breast Pump, the Dud-O-Vac, an automatic siphon suction apparatus, and many other special items interesting to the medical profession.
We trust we may have the pleasure of a visit from you.

Cameron Surgical Specialty Co. **Space No. A-6**
Chicago, Illinois

See the new improved Cameron Electro-Diagnostoset, the portable Color-Flash Clinical

Camera, the combination Projectoray Diagnostic & Operating Lamp and Projector, the office model Radio-Frequency Cauteradio, and the heavy-duty Cauterodynes for all phases of electro-surgery and electro-coagulation.

S. H. Camp & Company **Space No. B-2**
Jackson, Michigan

Representatives of S. H. Camp and Company will be in attendance at Booth B-2 to discuss their complete line of physiological supports. Anatomical supports for prenatal, postnatal, ptosis, hernia and orthopedic conditions will be shown. There are new, additional, useful ideas in design together with improved phases of construction that will interest you.

Coca-Cola Company **Space No. F-12**
Atlanta, Georgia

Coca-Cola will be served to the physicians with the compliments of the Coca-Cola Company.

Cottrell-Clarke Inc. **Space No. F-18**
Detroit, Michigan

As stationers and printers to the medical profession for over thirty-eight years, the Detroit house of Cottrell-Clarke, Inc., has evolved many interesting developments for better and more efficient case record keeping. Several items in particular will be shown for the first time at this year's exhibit.

R. B. Davis Company **Space No. F-20**
Hoboken, New Jersey

Enjoy a drink of delicious Cocomalt at the R. B. Davis Co. Booth. Cocomalt is refreshing, nourishing and of the highest quality. It has a rich content of Vitamins A, B_1, and D, Calcium and Phosphorus to aid in the development of strong bones and sound teeth; Iron for blood; Protein for strength and muscle; Carbohydrate for energy.

Dazor Manufacturing Corp. **Space No. B-6**
St. Louis, Missouri

See the Dazor Floating Lamp—A touch actually floats it to **any** position! And, then it **stays** in that position! It's the only light on the market that achieves the **perfect** position for gynecological and rectal work—a perfect lamp for the general practitioner.

Detroit Creamery Company **Spaces No. E-16-17**
Detroit, Michigan

This exhibit will represent the Sealtest Laboratory System which includes the Detroit Creamery, Ebling Creamery, Grand Rapids Creamery, Ann Arbor Dairy, and the Artic Dairy. The Sealtest system of laboratory control will be stressed. There will be charts, photographs, and designs showing the processing of the milk from farm to doorstep. Be sure to see the new Homogenized, Vitamin D Milk!

Detroit First Aid Company **Space No. A-7**
Detroit, Michigan

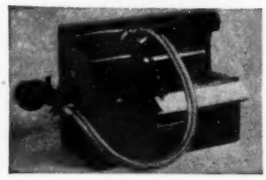
Mollo-pedic Shoes solve the problem of foot covering when bulky bandage or cast forbids the use of ordinary shoes. They are made of soft fabric with sponge rubber soles. Patented lacing permits adjustment to any bandage or cast.

Mollo-pedic shoes are available in four sizes, at leading surgical supply dealers.

Detroit X-Ray Sales Co. **Space No. B-11**
Detroit, Michigan

The Detroit X-Ray Sales Company takes pleasure in again exhibiting late developments in the X-ray field by the F. Mattern Manufacturing Company, of Chicago. They will show two new Units, which were demonstrated for the first time at the A.M.A. at St. Louis, and caused wide-spread comment and enthusiasm. A cordial invitation is extended to Members of the Society to visit their booth, and witness demonstration.

Dictaphone Corporation **Space No. A-9**
New York, New York



The Dictaphone Corporation cordially invites you to inspect its display of Dictaphone equipment and to discuss its application in the Medical Profession with those in attendance. Our Dictaphone Dictating Machine with Nuphonic Recording, Transcribing Machine with Nuphonic Reproduction, together with S-12 Shaving Machine will be on demonstration.

Dietene Company **Space No. B-14**
Minneapolis, Minnesota

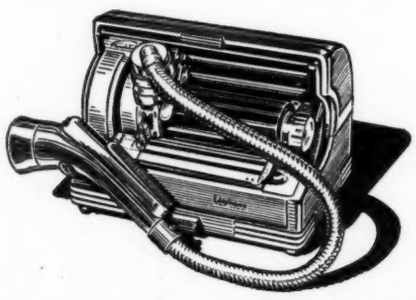
Dietene—council-accepted for use when reducing. A single food low in calories, rich in protein, minerals, and vitamins. Patients cooperate on the Dietene regime, because Dietene meals are satisfying, easy to prepare, and economical. You are invited to stop at Booth B-14 and sample this delicious, low calorie food.

Duke Laboratories,Inc. **Space No. B-3**
Stamford, Connecticut

Duke Laboratories, Inc., specialize in the Manufacture of elastic adhesive plasters. The representatives in charge will be glad to demonstrate Elastoplast, the original elastic adhesive plaster bandage, and Mediplast, the ready-for-use emergency dressing. Be sure to get a supply of Nivea, the surgeon's hand creme and superfatted Basis Soap, the detergent for tender, irritated skin.

The Ediphone Co. **Space No. E-7**
Lansing, Michigan

The Ediphone Voicewriter fills a special need of physicians—office and hospital use—for



prompt and accurate record of case histories. Because of instant availability, histories can

be dictated immediately after examination in considerable less time than required under shorthand. Thomas A. Edison, Inc., manufacturers of the Ediphone, recently introduced a new Desk model. Placed on the desk, it is ready at all hours to handle office routine.

The Evans-Sherratt Company **Space No. A-6**
Detroit, Michigan

H. G. Fischer & Co. **Space No. F-4**
Chicago, Illinois

H. G. Fischer & Co. 1939 models of x-ray and short wave apparatus are so distinctive, both in improved performance and in various instances greatly lowered price, that every physician should consider inspection a convention obligation. The complete H. G. Fischer & Co. line includes shockproof x-ray apparatus, short wave units, combination cabinets, galvanic and wave generators, ultra violet and infra red lamps and many other units, accessories and supplies. Physicians attending the convention are invited to ask for demonstrations of apparatus in which they are interested and to consult with Fischer representatives regarding technics made available by Fischer apparatus.

General Electric X-Ray Corporation
Detroit, Michigan **Space No. F-11**

We cordially invite the physicians and their wives who attend this meeting to make use of the lounge facilities provided at our booth for their comfort. We particularly look forward to a visit from our customers and invite all physicians who may have technical problems, to discuss them with our Staff in attendance. For those who are interested, we would welcome the opportunity to tell you of our contribution in new and improved physiotherapy and x-ray equipment since the 1938 State Meeting.

Gerber Products Company **Space No. E-11**
Fremont, Michigan

The new Gerber's Cereal Food will be shown at Gerber's booth. Samples and professional literature about this Cereal product as well as the other Gerber Baby Foods will be sent to registrants at the booth.

Hack Shoe Company **Space No. B-16**
Detroit, Michigan

Hack Shoe Company, "Shoe Therapists to the Profession," shoes for normal and abnormal feet. Football, basketball, bowling and other athletic shoes with Hack's patented "Tri-Balance" supportive features will be exhibited. Also shown, Hack Shoes for Children: Thomas heels and long medial counter extensions. Hack-O-Pedic Clubfoot Shoes complete the exhibit.

Hanovia Chemical & Mfg. Co. **Space No. B-15**
Newark, New Jersey

The very latest in ultraviolet equipment will be demonstrated, including the outstanding uses of ultraviolet radiation in the fields of science, medicine and public health. Don't fail to see our new line of self-lighting ultraviolet high-pressure mercury arc lamps, Short and Ultra Short wave apparatus, Sollux Radiant Heat Lamps and our latest development, quartz ultraviolet lamps for air sanitation.

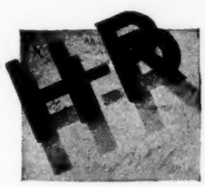
J. F. Hartz Co. **Spaces No. F-7-8**
Detroit, Michigan

Equipment, apparatus, pharmaceutical materials to assist the profession in "Keeping pace with modern medicine" will be displayed at the convention. Be sure to see a demonstration of the Hartz-o-therm, a portable shortwave diathermy which does surgery and sells for only $157.50. The Hartz Company looks forward to meeting you.

H. J. Heinz Company **Space No. E-2**
Pittsburgh, Pennsylvania

Heinz Junior Foods, a new variety for older babies, is on display. The Heinz representative is ready to assist you to inspect this new product, as well as the Heinz Strained Foods also on display. Register at the Heinz booth for helpful information.

Holland-Rantos Company, Inc. **Space No. B-10**
New York, New York

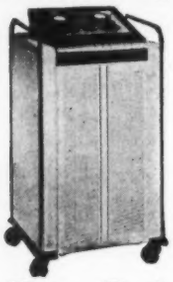


A motion picture demonstration of modern contraception technic will be the feature at the Holland-Rantos booth, together with the display of their products, the Koromex diaphragm and jelly and their newer items, the H-R Emulsion jelly and the diaphragm introducer. Please be sure to call and get your complimentary copy of the Physicians' Guide, a valuable manual for the physicians interested in the contraceptive technic.

Horlick's Malted Milk Corporation
Racine, Wisconsin **Space No. D-6**

Nourishing, digestible, appetizing —these are the three outstanding qualities for which HORLICK'S is famous, whether in powder or tablet form. Visit the exhibit in Booth No. D-6. You will be interested in the many uses from infant feeding to old age—note especially the convenience of the Tablets in ulcer diets.

The G. A. Ingram Co. **Spaces No. D-1-2-3**
Detroit, Michigan



The Ingram Company's display at our coming Convention will be very complete and interesting to all. It will include a complete line of both wood and metal furniture, the latest developments in electrical equipment, as well as complete lines of stainless steel instruments of American and Swedish manufacture.

They will show the Syfogen outfit—a nasal therapy unit effective in the treatment of sinus infection, catarrhal deafness, and other stubborn defects of the nose, throat, and ears. Note how easily the unit operates.

Jones Metabolism Equipment Co.
Chicago, Illinois **Space No. C-18**

The Jones Metabolism Equipment Company will feature as their display the Jones MOTOR BASAL metabolism apparatus.

A special feature of this unit is that it contains no water and requires no calculation in the determination of the basal metabolic rate.

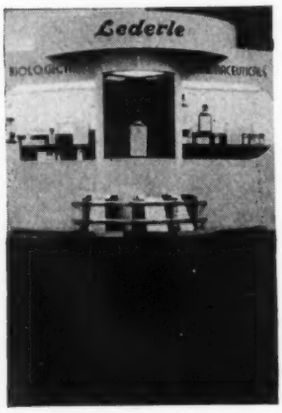
The Jones Surgical Supply Co. **Space No. F-1**
Cleveland, Ohio

The Jones Surgical Supply Co. will again display at the Annual Michigan State Medical Meeting. The display will consist of surgical instruments, pharmaceutical specialties, and the new modern General Automatic Short Wave apparatus. The display will be attended by Mr. Max Warren of Owosso, Michigan, and Mr. L. G. (Jack) Voorhees of Cleveland, Ohio.

A. Kuhlman & Co. **Space No. C-3**
Detroit, Michigan

A. Kuhlman & Company, the oldest surgical supply house in Michigan, will show selected surgical instruments for the general practitioner and specialist, including several new items for the urologists and the Johnston Modified Miller Abbott Tube for intestinal intubation, also the new ice and water bag for sinus application.

Lederle Laboratories, Inc. **Space No. B-8**
New York, New York



The Lederle Laboratories, Inc., will exhibit their line of Specific Antipneumococcic Sera for all types of Pneumococcus Pneumonias. Also on display will be serum's newest ally, the drug Sulfapyridine, in capsules and tablets. All other biologicals and pharmaceuticals, including Poison Ivy Extract, Solution Liver Extract and other specialties, will be exhibited. Competent representatives will be in charge.

Lea & Febiger **Space No. F-12**
Philadelphia, Pennsylvania

Lea & Febiger will display among their new works Haden's Hematology, Stimson's Fractures and Dislocations, Spaeth's Ophthalmic Surgery, Witherspoon's Clinical Pathological Gynecology, DeGaris, Lachmann and Chase's Human Anatomy, Smith's Heart Patients. New editions will be shown of Fishberg's Hypertension and Nephritis, Prinz and Greenbaum's Diseases of the Mouth and Their Treatment, Brown's Oral Surgery, Musser's Internal Medicine, Stone's New-Born Infant, Levine's Otology and others.

Libby, McNeill & Libby **Space No. C-5**
Chicago, Illinois

Libby, McNeill & Libby, Chicago, extends a cordial invitation to all physicians to visit the Libby Homogenized Baby Foods display. This exhibit graphically illustrates why fruits and vegetables in finely divided form, such as these Homogenized Foods, are well tolerated by infants as young as one or two months of age. We will appreciate your registering for literature and samples of these Homogenized Baby Foods.

Liebel-Flarsheim **Space No. C-6**
Cincinnati, Ohio

Liebel-Flarsheim, Cincinnati, Ohio, will exhibit the well-known L-F Short Wave Generators as well as the famous Bovie Electro-Surgical Units. In addition, other new and useful physiotherapy apparatus will be shown.

A cordial invitation is extended to visit the Liebel-Flarsheim booth to inspect this new apparatus and have it demonstrated to you.

Eli Lilly and Company **Space No. B-4**
Indianapolis, Indiana

Eli Lilly and Company feature an exhibit stressing the importance of liver extract in the treatment of pernicious anemia; "Merthiolate" (Sodium Ethyl Mercuri Thiosalicylate, Lilly) in the surgical and germicidal fields; "Sodium Amytal" (Sodium Iso-amyl Ethyl Barbiturate, Lilly) in the field of hypnotics; and Iletin (Insulin, Lilly) in the management of diabetes mellitus. This is the first appearance of the Lilly Research Laboratories at the meeting of the Michigan State Medical Society and the exhibit unit has been specially designed for state medical meetings.

J. B. Lippincott Company **Space No. E-1**
Philadelphia, Pennsylvania

Among the newer Lippincott publications on display will be the phenomenally successful Thorek's "Modern Surgical Technic" and Kracke's "Diseases of the Blood and Atlas of Hematology," from which illustrations are being displayed at the World's Fair Medical Exhibit. Other important new works include: Rigler's "Outline of Roentgen Diagnosis," Barborka's "Treatment by Diet" and Imperatori's "Diseases of the Nose and Throat."

M & R Dietetic Laboratories Inc.
Columbus, Ohio **Space No. F-14**

M & R Dietetic Laboratories, Inc., will display Similac and powdered SofKurd. Representatives will be glad to discuss the merits and suggested application of these products.

Mead Johnson & Company **Spaces No. C-1-2**
Evansville, Indiana

Three new Mead products are on display at Mead Johnson & Company's booths: Mead's Thiamin Chloride Tablets; Mead's Cevitamic (Ascorbic) Acid Tablets; Mead's Nicotinic Acid Tablets.

Medical Arts Surgical Supply Co.
Grand Rapids, Michigan **Spaces No. C-7-8-9**

The Medical Arts Surgical Supply Company will show the office of tomorrow featuring the latest in Hamilton furniture and some of Grand Rapids-made desks and chairs. They also will feature the Liebel-Flarsheim Short Wave and Davis Bovie cutting units, along with a full line of stainless steel instruments, suction machines, metabolism outfits, and various other equipment for the modern office.

Medical Case History Bureau **Space No. E-19**
New York, New York

The Medical Case History Bureau will feature a patient's history record system which is endorsed and used by many of the foremost physicians. The history charts are printed in all sizes and outlines especially suited for the various branches of medicine and also general practice. One of the many advantages of the system is the limitless space for the history and the simple method of cross-indexing the diagnosis of interesting cases. The bookkeeping cards are efficient and simple to use.

The Medical Protective Company
Wheaton, Illinois **Space No. C-21**

The most exacting requirements of adequate liability protection are those of the professional liability field. The Medical Protective Company, specialists in providing protection for professional men, invites you to confer, at their exhibit, with the representative there. He is thoroughly trained in Professional Liability underwriting.

Medical Supply Corp. of Detroit **Space No. E-3**
Detroit, Michigan

An opportunity to examine "tomorrow's medical equipment today" will be afforded Michigan physicians at the Medical Supply Corporation booth. Featured will be the Lepel Short Wave Machines, Lepel Sinusoidal Machines. Lepel Ultra Violet Lamps, Sklar Rotary Suction Pumps, and a Pandora Bag Display. In attendance to serve the doctor will be Mr. F. A. Janusch, P. T. Sawyer, and H. A. Berg. Be sure to visit Booth E-3.

The Mennen Company **Space No. D-21**
Newark, New Jersey

The Mennen Company will exhibit their two baby products—Antiseptic Oil and Antiseptic Borated Powder. The Antiseptic Oil is now being used routinely by more than 90% of the hospitals that are important in maternity work. Be sure to register at the Mennen exhibit and receive your kit containing demonstration sizes of their shaving and after-shave products; also, for the lucky number prize drawing to be held at the close of the Convention for DeLuxe Fitted Leather Toilet Kits.

Merck & Co., Inc. **Space No. C-20**
Rahway, New Jersey

Sulfapyridine Merck (introduced as "Dagenan," "M. & B. 693") will be on exhibit in the Merck booth. A chart giving the gross mortality in 2,662 cases of pneumococcic pneumonia, and also the mortality rate with the individual types of the pneumococcus, will be displayed. Literature will be available giving detailed information on the administration of Sulfapyridine Merck and the cautions to be exercised in its use.

The Wm. S. Merrell Co. **Space No. D-11**
Cincinnati, Ohio

Among therapeutic agents to be displayed at the Merrell booth will be Catarrhal Oravax, an effective catarrhal vaccine prepared in enteric coated tablets for oral administration. Representatives will have clinical reports to show interested physicians.

Michigan Magnetic Mineral Water Company
St. Louis, Michigan **Space No. F-6**

Natural Ray Mineral Water from the Magnetic Spring at St. Louis, Michigan, discovered in 1869. Bottled and sealed at the spring. A palatable mineral water that compares favorably with the water of leading European mineral springs. Served free at the exhibitor's booth.

The C. V. Mosby Company **Space No. F-21**
St. Louis, Missouri

The C. V. Mosby Company will display the following books just off the press: "Varicose Veins" by Ochsner and Mahorner; "Operative Orthopedics" by Willis C. Campbell; "Positioning in Radiography" by K. C. Clark; "Atlas of Radiographs" by A. P. Bertwistle; "Clinical Gastroenterology" by H. W. Soper; "Diseases of the Skin" by Sutton and Sutton; "The Practice of Allergy" by W. T. Vaughan; and "Life and Letters of Dr. William Beaumont" by Jesse Myer. Nearly two hundred other titles will also be shown.

The Muller Laboratories **Space No. C-19**
Baltimore, Maryland

Mull-Soy will be shown. This is a soy bean milk-substitute in concentrated fluid form, valuable in the diets of those patients who are allergic to cow's milk. It is palatable, nutritious, simple to prepare, and Council Accepted.

Parke, Davis & Company
Detroit, Michigan **Spaces No. C-13-14-15**

Members of the staff of Parke, Davis & Company will be at your service to tell you about some of their Research Staff's numerous scientific accomplishments. Mapharsen, Adrenalin,Pitocin, Pitressin, Theelin, Theelol, and biological products will be a part of this attractive exhibit.

Pelton & Crane Company **Space No. B-12**
Detroit, Michigan

See the new high-intensity, no-heat surgical light just announced by Pelton & Crane. Also a full line of Pelton Sterilizers, including the new "pocketsize" 6" by 12" automatic autoclave. Mr. C. K. Vaughan will be in charge to answer any questions.

Pet Milk Sales Corp. **Space No. E-10**
St. Louis, Missouri

An actual working model of a milk condensing plant in miniature will be exhibited by the Pet Milk Company. This exhibit offers an opportunity to obtain information about the production of Irradiated Pet Milk and its uses in infant feeding and general dietary practice. Miniature Pet Milk cans will be given to each physician who visits the Pet Milk Booth.

Petrolagar Laboratories **Space No. E-9**
Chicago, Illinois

Petrolagar Laboratories, Inc., offer, in addition to samples of the Five Types of Petrolagar, an interesting selection of descriptive literature and anatomical charts. Ask the Petrolagar representative, Mr. R. J. Corkey or Mr. L. F. Harrison, to show you the new HABIT TIME booklet. It's a welcome aid for teaching bowel regularity to your patients.

Philip Morris & Co. Ltd., Inc. **Space No. F-10**
New York, New York

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Physicians Equipment Exchange
Detroit, Michigan **Space No. F-16**

This year again the Physicians Equipment Exchange will meet its many medical friends with an entirely new display. Featured will be our smart A. W. Cotton Company Walnut furniture at a price that will invite comparison. The furniture is practical, economical, attractive and satisfactory in every respect. Also there will be numerous other pieces of equipment which will be of interest. We invite you to stop for a moment. The time spent will be well worth while.

Professional Management **Space No. A-3**
Battle Creek, Michigan

Henry C. Black and Allison E. Skaggs cordially invite the doctors of Michigan to stop at their booth. Financial Records, Case Records, Budgets, Collection Management, and Business Counsel are all parts of Professional Management's regular service. Reprints from the Michigan State Medical Journal will emphasize the **Planning of an Estate.**

Ralston Purina Company, Inc. **Space No. C-17**
St. Louis, Missouri

Low Calorie Diets, and Wheat, Egg and Milk-free Diet Lists are displayed in the Ralston Purina Co. booth. Physicians are invited to register for Allergy and Low Calorie Diets, and samples of Ry-Krisp, the whole rye wafer. Ralston Whole Wheat Cereal and literature of especial interest to pediatricians and general practitioners also available.

Randolph Surgical Supply Co. **Space No. A-10**
Detroit, Michigan

Randolph Surgical Supply Company will again display the ultimate in modern Doctors' office equipment.

A feature of our exhibit will be the most modern type of examining room tables and treatment stands.

Also on display will be the latest diagnostic instruments including many new innovations.

E. J. Rose Manufacturing Co., Inc.
Detroit, Michigan **Space No. B-9**

E. J. Rose Mfg. Co. displays a complete line of physiotherapy equipment; featuring the new Full Spectrum Cold Quartz Ultra Violet Generator and Variable Short Wave in choice of four wave lengths in one unit. They also show a new development in Short Wave therapy, utilizing the principle of a Directional Radio Beam.

S. M. A. Corporation **Space No. E-8**
Chicago, Illinois

Among the technical exhibits at the convention this year is an interesting new display, which represents the selection of infant feeding and vitamin products of the S. M. A. Corporation. Physicians who visit this exhibit may obtain complete information, as well as samples, of S. M. A. Powder and the special milk preparation—Protein S. M. S. (Acidulated), Alerdex and Hypo-Allergic Milk.

W. B. Saunders Company **Space No. A-2**
Philadelphia, Pennsylvania

These publishers will exhibit a complete line of their books. Of particular interest to the profession are many new books and new editions, including the new (2nd) edition of Christopher's "Surgery," Wiener and Alvis "Surgery of the Eye," McNally's "Medical Jurisprudence and Toxicology," new (4th) edition of Wechsler's "Clinical Neurology," new (2nd) edition of Noyes' "Psychiatry," new (9th) edition of Todd and Sanford's "Laboratory Diagnosis," Hauser's "Diseases of the

Foot," new (2nd) edition of Callander's "Surgical Anatomy," the new (11th) edition of Scudder's "Fractures," Cutler's new book on "Cancer,' and Morrison's new work on "Nose, Throat and Ear."

Schering Corporation **Space No. D-5**
Bloomfield, New Jersey

Representatives of the Schering Corporation, leaders in the development and production of scientific and pure sex hormone preparations, will be pleased to receive members of the medical profession. Latest information will be available on the clinical use of the estrogen preparations, PROGYNON-B and PROGYNON-DH; the corpus luteum hormone preparation, PROLUTON; and the male sex hormone preparation, ORETON.

Scientific Sugars Co. **Space No. F-17**
Columbus, Indiana

Cartose and Kinney's Yeast Extract (Vitamin B Complex), and other preparations interesting to the physician will be shown at Scientific Sugars Company booth. Physicians are cordially invited to inspect this display.

Sharp & Dohme **Space No. A-8**
Philadelphia, Pennsylvania

Sharp & Dohme have a new modern display this year, featuring their well-known Propadrine Hydrochloride Products. There will also be on display a group of pharmaceutical specialties and biologicals prepared by this house. Capable, well informed representatives will be on hand to welcome physicians and furnish information on Sharp & Dohme products.

Smith, Kline & French Laboratories
Philadelphia, Pennsylvania **Space No. B-7**

Smith, Kline & French Laboratories invite physicians to stop and obtain complimentary samples of "Benzedrine Inhaler." The representative will be glad to answer questions about "Benzedrine Sulfate Tablets," "Benzedrine Solution" and Pentnucleotide. Physicians may help themselves from convenient literature dispensers without the bother of leaving their names. They will not be solicited to register.

C. M. Sorensen Co., Inc. **Space No. A-1**
Long Island City, New York

Your visit to the C. M. Sorensen Co. booth is respectfully invited, to inspect several new models of office treatment suction and pressure outfits for ear, nose and throat work. A wide range of combinations and prices to suit every need and purpose has been made available.

Frederick Stearns & Company
Detroit, Michigan **Spaces No. C-10-11**

It will be a real peasure to welcome all our old friends at the Frederick Stearns and Company exhibit.

Our professional representative will gladly supply all possible information on Neo-Synephrin in all its various dosage forms. Mucilose, Appella Apple Powder, Stearns Solution Zinc-Insulin Crystals, and other newly developed products.

You are cordially invited.

E. R. Squibb & Sons **Space No. D-4**
New York, New York

Physicians attending the Michigan State Medical Society Meeting are cordially invited to visit the Squibb Exhibit. The complete line of Squibb Vitamin, Glandular, Arsenical and Biological Products and Specialties, as well as a number of interesting new items, will be featured.

Well informed Squibb Representatives will be on hand to welcome you and to furnish any information desired on the products displayed.

James Vernor Company **Space No. C-4**
Detroit, Michigan

In keeping with the slogan "A Preferred Beverage for Home and Hospital" Vernor's will display their products and be prepared to serve Ginger Ale—HOT or COLD.

The exhibit will be educational and literature of interest to the Medical Profession will be available.

Wall Chemicals Corporation **Space No. B-5**
Detroit, Michigan

Wall Chemical Corporation, a division of the Liquid Carbonic Corporation, will have on display a quantity of compressed gas anesthetics and resuscitants. There will also be a complete line of oxygen therapy equipment including the "Walco" oxygen humidifier, for the nasal administration of oxygen, and the "Walco" oxygen face mask.

U. S. Standard Products Company
Woodworth, Wisconsin **Space No. D-13**

U. S. Standard Products Company will exhibit their products at the Michigan State Medical Meeting in September.

Physicians are invited to visit our booth, meet our Michigan representatives and get acquainted with our line of biologicals, ampules, glandular preparations and specialties. There will be displayed new products which will be of interest to physicians.

Westinghouse X-Ray Company, Inc.
Long Island City, New York **Space No. C-16**

The Westinghouse X-Ray Company, Inc., is exhibiting a small X-Ray unit suitable for use in a doctor's office or small hospital. It provides facilities for both radiography and fluoroscopy, while being compact and popularly priced. Latest design physical therapy equipment and operating-room lights are included.

Winthrop Chemical Co. **Space No. D-10**
New York, New York

Winthrop Chemical Company, Inc. extends a cordial invitation to every member of the Michigan State Medical Society to visit their booth where representatives will gladly discuss the latest preparations made available by this firm. You will receive valuable booklets dealing with

anesthetics, analgesics, antirachitics, antispasmodics, antisyphilitics, diagnostics, diuretics, hypnotics, sedatives and vasodilators.

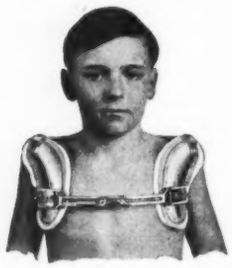
John Wyeth & Brother, Inc.
Philadelphia, Pennsylvania Spaces No. C-22-23

Among the John Wyeth & Brother specialties will be: Amphojel, the modern treatment for hyperacidities and peptic ulcer; Kaomagma, the absorbent medication for diarrhea and intestinal disorders; Silver Picrate, in powder and suppository form for trichomonas vaginitis; Mucara for intestinal stasis: and Bewon Elixir, indicated for appetite stimulation.

The Zemmer Company Space No. F-2
Pittsburgh, Pennsylvania

The Zemmer Company will display a number of their leading pharmaceutical products, also distribute samples to members of the medical profession.
A cordial invitation is extended to members of the medical profession to visit Exhibit No. F-2.

Zimmer Manufacturing Co. Space No. B-1
Warsaw, Indiana



The Zimmer Manufacturing Company are exhibiting a full line of Fracture Equipment. We especially wish to call your attention to the improved bone instruments which will be on display. The new bone saw is very unique, inexpensive and outstanding in its simplicity. Demonstrations of this instrument will gladly be given at any time by representatives in charge of the booth.

Technical Exhibits open daily at 8:30 A. M. and close at 6:00 P. M. with the exception of Friday, when the technical exhibits will close at 3:00 P. M. Intermissions to view the exhibits have been arranged during the morning and afternoon General Assemblies.

Please Register at Each Booth.

* * *

Golf Tournament—Sunday, September 17, 1939, beginning at 1:00 P. M. at beautiful Blythefield Country Club. Plan to participate in this 18 hole tournament and win a prize. Competition open to all members of the Michigan State Medical Society with scores from 60 to 260! Banquet and presentation of prizes will climax the day.

* * *

Guest Golf—The Kent County Medical Society has arranged that M.S.M.S. members may play at all country clubs of Grand Rapids upon presentation of M.S.M.S. membership card and payment of greens fees.

* * *

Save an Order for the M.S.M.S. Exhibitor.

ANNUAL REPORT OF THE M.S.M.S. DELEGATES TO A.M.A., 1939

The House of Delegates of the ninetieth annual session of the American Medical Association met in St. Louis, May 15 to 18, 1939.

It might be well, at this time, to call attention to the House of Delegates as an organization. The House of Delegates is made up of 174 representatives of the various states, territorial groups, army, navy, and the public health services, of the United States. Perhaps, no other group is as typically representative of traditional America. These members have been selected from the component organizations by reason of their interest in organizational activities, their academic training, and their administrative activities. The length of time that each individual has spent in the practice of medicine will average well over twenty-five years. On the basis of this, 4,350 years of medical service is represented. The Speaker of the House, Dr. H. H. Shoulders of Nashville, Tennessee, in his address, made the following statements:

"It must be remembered that this body is composed of 174 delegates, representing the medical profession in every state in this Union, including Alaska. Hawaii, the Panama Canal Zone, the Philippine Islands and Puerto Rico. You are so widely scattered that there is little opportunity for contact with one another in the interim between sessions. A wide variety of local conditions obtain in the areas represented. Every possible shade of opinion and every possible local interest, both personal and professional, are represented. You are democratic in concept, composition and conduct.

"The House is in session for a few hours each day for not more than three days as a rule. A relatively small amount of time is available for deliberation and debate. No ready reference library is at hand. Almost every session of the House has been called on to consider and act on issues of vital importance, not only to the medical profession but to the people of this country as a whole.

"Notwithstanding all these conditions, one finds in the Proceedings of the House a golden thread of consistency which runs straight through all the actions taken on all issues presented, which in any way touch the fundamental principles to which you have given allegiance. It would be natural, under the circumstances, for errors to occur and for actions taken in one session to be in conflict with those taken in another session one or many years before. Yet, this has not occurred."

All of the Michigan Delegates were present, throughout the entire session. The consideration that the Speaker of the House has for Michigan Delegates is shown in the fact that every Michigan Delegate was assigned an important position, during the session.

The public, the medical profession and official Washington were anxiously awaiting the answer of the House of Delegates to the Wagner Health Bill.

The answer of the Reference Committee upon the Wagner Bill can be summarized in one word and that word is "NO." This word "No" was embellished with convincing argument, masterful logic and scathing analysis.

This was probably the first time in the history of the organization that lay groups have appeared before a committee of the House of Delegates and indorsed and supported the action of a committee.

The representative on the Committee from Michigan would at this point like to express the appreciation of the Committee for the contributions

of these groups against the attempts to socialize the practice of medicine.

Special attention is called to the Reference Committee on Constitution and By-Laws and also the Reference Committee on Legislation and Public Relations. To these particular committees it so happened were referred all controversial subjects. To the Reference Committee on Amendments to the Constitution and By-Laws, of which Charles E. Mongan of Massachusetts was chairman, was referred the resolution regarding amending of the principles of medical ethics; the resolution on the exhibition of medical or surgical procedures to lay groups; the resolution proposing amendments to the by-laws governing Amendments and By-Laws; the resolution regarding the Council on Medical Education and Hospitals; and the resolution on the prescribing of radium. The matter of amending the principles of medical ethics was considered carefully and it was decided that this was a matter for the Judicial Council to determine rather than a resolution from the floor of the House of Delegates.

The resolution on the exhibition of medical and surgical procedures to lay groups which had to do with exhibiting, principally, moving picture films of various medical or operative procedures to lay groups, was not considered a favorable subject for legislation so far as the House of Delegates was concerned. It was felt that the local county or state medical societies could handle this to suit themselves.

The resolution regarding the amending of the Constitution and By-Laws governing the Council of Medical Education and Hospitals was considered carefully. It was felt that the old set-up, so far as the Council of Medical Education and Hospitals was concerned, was adequate; in fact it was felt by the Committee that this council had carried on a very fine job. This idea of the Committee, however, was overruled by the House of Delegates and the matter returned to the Committee for further consideration. The Committee reported the matter favoraby with the proviso that three persons should be nominated for each position by the Board of Trustees and the House of Delegates should elect by ballot one of the three for the position. This was a highly controversial subject and amendments were made from the floor of the House which would have given the entire power of appointing this Committee to the Board of Trustees. However, the amendment was overruled and the recommendation of the Committee adopted.

The subject matter of the resolution on the prescribing of radium was highly controversial. The final determination was that the present ideas regarding the ethics involved should obtain, namely, that long distance prescribing for the use of radium or any other medicament was unethical and reiterated the language of report of this same Committee of 1938 which read as follows: "After due consideration of the matter your Committee feels that the phraseology should remain. Any exception to the general principles involved does defeat the purpose."

The Reference Committee on Legislation and Public Relations had many resolutions of interest to the private physician referred. The report of the Committee to study problems of motor vehicle accidents was a progress report that covered problems of physical and mental defects. The most disturbing element in automobile driving seems to be alcoholic intoxication. This committee is continuing its study. It is recommended that each member follow this report in the *Journal of the American Medical Association.*

The report on medical patents by the Council was referred to this Committee. Since the beginning of medical ethics, it has been held that it is not proper for a physician to receive rewards from any patent covering any agency useful in either prevention or cure of disease. Of course there should be no restrictions on the use of such agencies, so that all of the population may be benefited. Recently, however. there seems to be an abuse of this time-honored principle of medical ethics. There is so much controversy over this question that the Committee referred this to the Judicial Council for further study.

The race and color issue was raised as to membership in the American Medical Association. The American Medical Association issues membership without regard to race, color or creed. Since this is true, the matter resolves itself to solely a question that affects the county medical society.

Medical relief through Farm Relief Security Administration: In many of the drought areas of our country the farmer and his family, being made destitute, have sought medical care through the Farm Security Administration. Many abuses have arisen, and it appeared to the House of Delegates that county societies may well be guided by their state medical society in all contracts that they may be called upon to make for any type of medical care, either relief or low-income insurance groups.

Appearing before the House of Delegates were many distinguished guests, officers of foreign medical societies: Dr. G. E. Hercus, Dunedin, New Zealand, representing a New Zealand medical society; Dr. T. C. Routley, Secretary of the Canadian Medical Association; President-Elect Dr. L. E. LeSeouf of the West Australian Branch of the British Medical Association, and many others. Each made a short address. It was interesting to note each stressed the fact that medicine throughout the world is beleaguered with the same social destructive forces that confront the American Medical Association.

Scientific Exhibit

On page 2315 of the June 3 edition, 1939, *Journal of the American Medical Association,* will be found a report of the Scientific Exhibit, and throughout the year will appear in the *Journal of the American Medical Association* excerpts from the material set-up of this exhibit. This was the largest and best exhibit that has ever been shown and this can be said practically each succeeding year regarding Scientific Exhibits.

Scientific Meetings

Scientific meetings were well presented and well attended.

The Scientific Exhibits and the Scientific Assembly are the greatest evidence of the progress that medicine and the individual doctor is trying to make regarding the care and treatment of sick people in this country. The extent to which the doctor is going in keeping abreast of the times is marvelous and far outstrips any other profession or business in the matter of personal education and the attempt to gain personal knowledge of how best to treat patients and to carry out the principles of his profession.

The following Michigan physicians were approved for affiliate fellowship on recommendation of your State Society:

Robert W. Gillman, M.D., Detroit, Michigan.
William P. Scott, M.D., Houghton, Michigan.

Distinguished Service Award

The distinguished service award which is given

annually to some outstanding physician of the organization who has made many worthwhile contributions to medicine and to society was awarded to James B. Herrick, M.D., Chicago.

The following were elected to office: President-Elect, Dr. Nathan B. Van Etten, New York; Vice-President, Dr. Alphonse McMahon, St. Louis; Secretary, Dr. Olin West, Chicago; Speaker of the House of Delegates, Dr. H. H. Shoulders, Nashville, Tennessee; Vice-Speaker of the House of Delegates, Dr. R. W. Foutz, Omaha, Nebraska; Trustees, Dr. Roger L. Lee, Boston, and Dr. E. L. Henderson, Louisville, Kentucky; Treasurer, as nominated by the Board of Trustees, Dr. Herman L. Kretschmer, Chicago.

Atlantic City, New Jersey, was chosen as the place of meeting for the session of 1942.

The total registration at the St. Louis session was 7,412, and for Michigan the registration was 190.

L. G. CHRISTIAN, M.D.
F. E. REEDER, M.D.
C. R. KEYPORT, M.D.
T. R. K. GRUBER, M.D.
HENRY A. LUCE, M.D.

ANNUAL REPORT OF REPRESENTATIVES TO JOINT COMMITTEE ON HEALTH EDUCATION

Last fall your representatives met with the executive committee of the Joint Committee to discuss, with officers of the State Society and the chairmen of those committees of the State Society who are coöperating with the Joint Committee, matters of policy and details of coöperative effort.

The valuable link with the University of Michigan, through its Extension Division, makes possible the dissemination of health information to the public through a set-up which is not duplicated in any other state. Committee chairmen have coöperated splendidly in furnishing competent speakers, and the Division has satisfactorily met the many requests.

Especially worthy of commendation is Dr. Grover C. Penberthy and his Radio Committee, who have furnished most excellent material for radio broadcasts. This material is disseminated through the Extension Division, which coöperates with the Joint Committee in arranging details with the different broadcasting stations.

The Health Column in the *Detroit News* increases in popularity year by year. The column, as you know, offers a question-answer service. Indicative of its increased popularity, Dr. H. H. Riecker and his staff have been almost overwhelmed by the volume of correspondence. This material is distributed to papers in some of the smaller cities, and is sent out generally to health units throughout the state.

One of the most important features of the Joint Committee activity has come through an affiliation and a working partnership between the Joint Committee and the two state departments, the Department of Public Instruction and the Department of Public Health. The Joint Committee is convinced that there is no activity which is of more importance than that which is directed to the health education of the school child. It feels that there is a great need that health education should have a more conspicuous place in our school curriculum. Indicative of the coöperation between Superintendent Eugene B. Elliott of the Department of Public Instruction and the Joint Committee, it is pleasant to report that he invited the Executive Committee of the Joint Committee to meet with him and the heads of his instruction divisions, for the purpose of "advising on the development of a policy and on planning for the next steps which should be taken in order to make health education in Michigan schools more satisfactory."

The Joint Committee has issued this year Bulletin No. 4, "Experiences in Healthful Living," for teachers. The first five thousand edition was financed by the Health Department, and the second five thousand is being financed by the Joint Committee.

There are now available splendid health movies, both silent and sound. The Joint Committee, impressed with the opportunities offered through visual education, has set aside one thousand dollars for the purchase of such films for adult education. These will be available in the fall. It is not expected that these films will be a substitute for the speaker's address, but they will serve to supplement his talk and will bring more forcefully the subject matter to the consciousness of his audience.

After sixteen years the Joint Committee has decided that it needs a more formal organization, and a constitution and by-laws was adopted at the annual meeting. This formal organization starts with a nucleus of twenty-four groups, and provides for the election of new groups—"any organization established on a statewide basis which has for an objective the betterment of the health or welfare of the citizens of the state of Michigan, and educational institutions giving training for the health professions, shall be eligible for membership."

The groups are so diverse that it becomes necessary to have an executive committee who will carry out the details and more or less direct the policy. The executive committee consists of the chairman and vice chairman, elected by the parent committee, the director of the Extension Division of the University of Michigan, and the chairmen of the four standing committees. As indicative of the statewide effort to disseminate health knowledge, it is interesting to note that the by-laws provide that the State Department of Health and the State Department of Public Instruction are invited to appoint one representative each to be ex-officio members of the executive committee. The executive committee this year will be: Dr. B. R. Corbus, *chairman;* Dr. M. R. Kinde, *vice chairman;* Dr. C. A. Fisher, *secretary;* Dr. B. W. Carey; Miss Marjorie Delavan; Dr. Mabel Rugen; Dr. Henry A. Luce.

Respectfully submitted,

B. R. CORBUS, M.D., *Chairman*
M. S. CHAMBERS, M.D.
L. FERNALD FOSTER, M.D.
J. B. JACKSON, M.D.
R. C. MOEHLIG, M.D.

ANNUAL REPORT OF ADVISORY COMMITTEE ON POSTGRADUATE EDUCATION, 1938-39

The Committee was called together but once during the past year, at which time most of the subject matter was discussed. To avoid loss of time on the part of the Committee and the difficulty of securing a complete attendance, a résumé of suggested courses for the Autumn program was submitted to the members by mail, and a majority vote secured on the subject matter, together with suggestions for new material. The following is the program decided upon for the coming Autumn:

1st Day

(a) Pediatrics.—Principles in the Care of the Newborn and Premature Child.
(b) Obstretrics.—Management of breach presentation.

2nd Day
(a) Surgery.—Surgery of childhood.
(b) Modern methods in the recognition and management of liver and gall bladder disease.

3rd Day
(a) Colitis.—Types, diagnosis and management.
(b) Heart failure—its diagnosis and management.

4th Day
(a) New drugs and developments in their use.
(b) Differential diagnosis and management of pyuria.

The registration in the courses in postgraduate medicine from July 1, 1938, to June 30, 1939, is as follows:

Extramural Courses

Ann Arbor	148	
Battle Creek-Kalamazoo	172	
Flint	183	
Grand Rapids	209	
Lansing-Jackson	158	
Saginaw	187	
Traverse City-Cadillac-Manistee-Petoskey	105	
Marquette-Saulte Ste. Marie-Houghton-Escanaba*	115	
Grayling-Alpena-Petoskey-Traverse City*	262	
	—	1539

Intramural Courses—Ann Arbor and Detroit

Allergy	31	
Anatomy	33	
Blood Diseases	35	
Care of the Diabetic	27	
Electrocardiographic Diagnosis	31	
Gynecology & Obstetrics*	58	
Gynecology, Obstetrics & Gynecological Pathology	17	
General Practitioners' Course	33	
Hematology (Kellogg Course)	34	
Neuropsychiatry	24	
Ophthalmology and Otolaryngology	64	
Pediatrics	96	
Personal Courses	188	
Proctology	19	
Roentgenology	25	
Serology	7	
Summer Session	27	
Urology	4	
Courses in centers outside of Michigan	100	
	—	853
TOTAL		2392

Summary of registrations

	Men	Women	Total
Extramural Courses (October and April)	1117	45	1162
Courses in Maternal Welfare and Pediatrics, in collaboration with Michigan Department of Health, through Federal funds	368	9	377
Intramural Courses (Ann Arbor and Detroit)	719	34	753
Number taking courses outside of State	100	..	100
	2304	88	2392

*Joint auspices with Michigan Department of Health through Federal funds.

In a further evaluation of various postgraduate activities it is suggested that the following changes and additions be made to those already accepted by the House of Delegates:

1. Attendance on County Medical Society meetings advanced from one unit to three.
2. Attendance State Society meetings from one unit to three.
3. Attendance American Medical Association annual meetings from one unit to three.

In addition, attendance on accredited staff hospital conferences and other professional meetings within the hospital two to ten units.

The difference in these last figures being estimated on the basis of visiting privileges as against active participation of staff members.

The first three suggestions are made on the basis of relative educational values and in the hope of stimulation of attendance on these important functions. Additional forms of credit may properly be added from time to time as members avail themselves of new educational opportunities either within or without the state. The establishment of the unit system of credits for certification is proving a practical method.

In the former communication your Committee recommended that the chairmen of the following committees be included in the Advisory Committee on Postgraduate Education. These include Preventive Medicine, Cancer, Maternal Health, Mental Hygiene and the chairmen of such other committees in specific professional fields as may be authorized from time to time. The principal functions of the above committees are educational—both professional and lay, and their chairmen continued over the years, as many of them have been, will permit of very valuable assistance in the maintenance of the Society's program in the general field of postgraduate education.

The year just closed has been our most successful in point of attendance, which has increased over 20% over the preceding year, and the general interest is evidenced by the increasing number of approving letters coming to the Committee. The National Commission on Graduate Medical Education has reported within the year that of 24 states visited for purposes of analysis of postgraduate educational activities, the state most nearly approaching educational ideals in philosophy and practice is Michigan.

On the part of the Committee may I express appreciation for the interest and support which have always been forthcoming from the House, the Council and our membership.

Respectfully submitted,

JAMES D. BRUCE, M.D., *Chairman*
R. B. ALLEN, M.D.
A. P. BIDDLE, M.D.
FRED H. COLE, M.D.
B. R. CORBUS, M.D.
H. H. CUMMINGS, M.D.
J. H. DEMPSTER, M.D.
C. T. EKELUND, M.D.
W. B. FILLINGER, M.D.
C. L. HESS, M.D.
F. E. REEDER, M.D.
W. K. SLACK, M.D.
D. I. SUGAR, M.D.

ANNUAL REPORT OF LEGISLATIVE COMMITTEE, 1938-39

Your Legislative Committee held eight meetings during the past year: on November 17, 1938; January 15 and 22; February 8; March 2, 12 and 21; and April 16, 1939.

Pursuant to instructions of the Michigan State

Medical Society House of Delegates, your Legislative Committee worked for the enactment of laws permitting the creation of voluntary non-profit group medical care and group hospitalization corporations in Michigan. The Michigan Hospital Association assumed the major responsibility for the group hospitalization bill (HB-145) which traveled through the Legislature as a companion measure to the famous HB-215, the group medical care proposal. The difficulties encountered in the passage of this excellent legislation designed for the benefit of the public were unbelievably numerous and trying. An account of the amount of work necessary to build up the overwhelming majorities in the House (78 to 5) and in the Senate (30 to 0) in favor of this legislation would fill several volumes. The sincere thanks of the Legislative Committee is extended to those intelligent and health-minded members of the Michigan Legislature who staunchly supported the medical profession and its legislative program because they were convinced it constituted good sound public policy. To Sherman L. Loupee, M.D., of Dowagiac, the only physician-member of the Legislature, we express gratefulness for his wise and fearless defense of Medicine.

Our Committee is grateful also to the farsighted Council of the Michigan State Medical Society, which constantly encouraged the Legislative Committee in its nerve-racking job; we appreciate the help of our Delegates, and of our "keymen"—the family physicians of legislators, physicians in every county of the state, chairmen and members of county medical society policy and legislative committees; representatives of labor, agriculture, industry, religious and educational organizations, and all other groups which gave invaluable aid, advice and encouragement. We are indebted to the gentlemen of the press for their intelligent and fair presentation of our purposes. To all these and many others, we say a sincere "Thanks."

The new Welfare Law (SB-129) was passed containing a medical set-up in counties in accordance with the recommendations of the Michigan State Medical Society. It is to be noted that our Legislature tried and succeeded in giving Michigan a good and protective medical relief program without setting up an expensive bureaucracy. Realizing that there is a limit to the luxury which any civilization can carry, the legislators developed a policy of good relief without extravagance which is in direct line with the desires of the medical profession as contra-distinguished from the well known spending policy emanating from other sources.

The appointment of a member of the Michigan State Medical Society, L. G. Christian, M.D., of Lansing, as a member of the Michigan Social Welfare Commission, augurs well for the early establishment of a workable and well-coördinated medical welfare program in Michigan—if the county medical societies coöperate through early and constant action.

Your Legislative Committee respectfully reports that the full five-man Basic Science Board was appointed by the Governor in May, 1939.

Much Legislation of Interest to the Doctor

In addition to the group medical care law and the welfare law, the 1939 Legislature passed the following acts which are of importance and interest to the doctor of medicine:

1. HB-158—V. D. Control Law: amendments to the prenuptial physical examination law, correcting harsh provisions. Passed in identical form as proposed by the Advisory Committee on Syphilis Control, MSMS. Considered a model premarital examination law. Given immediate effect, and signed by the Governor.

2. HB-277—V. D. Control Law: this bill requires physicians attending a pregnant woman to examine her for venereal disease; and requires a statement on the birth certificate to the effect that the test was made. Passed, given immediate effect, and signed by the Governor.

3. SB-367—Amendments to the Afflicted Child Law, giving organizational powers to the Crippled Children Commission. Reduces surgeon's top fee from $75.00 to $50.00; day rate for hospitals reduced from $4.50 to $3.50. Passed on final night of session, and signed by the Governor.

4. HB-145—Permits formation of non-profit voluntary group hospitalization corporations. Passed the Legislature by an overwhelming majority, and signed by the Governor. Immediate effect.

5. SB-108—Defines group hospitalization and group medical care insurance under the Insurance Code. Passed, given immediate effect, signed by Governor.

6. SB-130—Amendments to Afflicted Adult Law to provide for the hospitalization of afflicted adults under supervision and control of county departments of social welfare. Passed, and signed by governor.

7. SB-93—Bill to govern use of insanity pleas; to require mental examination of any person charged with an offense punishable by life imprisonment. Passed, and presented to Governor for signature.

8. HB-278—Redefines term Cannabis as used in Narcotic Drug Act. Passed and signed by Governor.

9. HB-470—General amendments to unemployment compensation act. Passed and signed by Governor.

The following bills were proposed in the last session of the Legislature, but were not enacted into law:

1. SB-269—Bill to set up Board of Examiners in Naturopathy. Tremendous pressure was exerted to secure enactment of this dangerous proposal which would have practically nullified effects of the Basic Science Law, as most chiropractors could have qualified as naturopaths. Passed the Senate but was killed in the House Committee after a hard battle.

2. SB-386—Bill to permit the formation of group osteopathic care corporations. Drafted to include *all* branches of medicine and surgery. Amended to include only osteopathy; bill killed in the House Committee.

3. HB-392—Insane persons being tried for felony to be reëxamined by psychiatrist. Passed by House, killed in Senate.

4. HB-435—Afflicted Children to come under jurisdiction of Michigan Social Welfare Commission. Died in Committee.

5. HB-336, 550, 567, 568, 623—All bills amending the Workmen's Compensation Law. All died in House Labor Committee.

6. SB-59—Repeal of 1937 Narcotic Drug Act. Died in Committee.

7. SB-317—To establish State Board of Pharmacy. Died in Committee.

8. SB-318—to amend Narcotic Drug Act. This bill, which included repeal of the $1.00 license imposed on physicians, was so all-inclusive that it died in Committee.

9. SB-319—To establish Michigan Drug and Cosmetic Act. Died in Committee.

10. HB-272—General amendments to act regulating practice of pharmacy. Died in Committee.

11. SB-140—To create State Board of Medical Examiners to replace present coroner system. Died in Committee.

12. SB-304—To authorize state department of health to establish and subsidize branch laboratories throughout the state. Died in Committee.

13. SB-428—To provide that all hospitals and institutions that are supported wholly or in part by taxes shall make no discrimination against practitioners of any school of healing recognized by laws of Michigan (such as chiropractors and osteopaths). Died in Committee.

14. HB-559—A bill ostensibly designed to regulate the practice of healing in the state, but calling for annual re-registration and postgraduate courses for all healers mixed together, etc. Died in Committee.

15. HB-540—"Employer" in unemployment compensation law to mean any employing unit which employs one or more individuals—which would include most physicians. Died in Committee.

16. HB-551—Repeal of unemployment compensation law. Died in Committee.

17. HB-598—Relative to qualifications of physicians and hospitals with reference to crippled children. Died in Committee.

18. HB-631 and 632—Re-allocation of moneys to counties for care of afflicted and crippled children. Passed by House; died in Senate Committee.

19. SB-51—To make all occupational diseases compensable, etc. Died in Committee.

20. SB-15—Amendments to garnishment law liberalizing in favor of garnisheed, making it practically impossible to garnishee anyone. Died in Committee.

RECOMMENDATIONS:

1. Your Legislative Committee respectfully recommends continued contact of legislators by their medical constituents, and tangible reciprocity through patronage of our legislator friends in their capacities as professional and business men.

2. We recommend that the Welfare Law of 1939 be understood by all members of the Michigan State Medical Society who may be called upon to give medical service to the indigent, and particularly by officers of our county medical societies, who should be urged to make early contact with county or district welfare commissions and boards of supervisors in order that a working medical relief unit is organized in all counties or districts. Otherwise, doctors of medicine may be told what to do and how to practice relief medicine.

3. We recommend that every member of the Michigan State Medical Society read Act No. 108 of the Public Acts of 1939, our enabling act, and understand the State Society's plan of voluntary nonprofit group medical care. We urge that county medical society officers enlist the enthusiastic cooperation of all physicians in their county or district, to give this important experiment a fair trial.

4. We recommend that Michigan physicians understand the provisions and dangerous import of the Wagner Bill (Senate No. 1620 in the United States Congress) and that they stand behind the State Society and the American Medical Association in their efforts to prevent such socialistic measures being enacted into law in these free and democratic United States. We recommend eternal vigilance during every day of 1939 and especially 1940 to the end that this destructive piece of legislation may fail.

5. Your Committee invites attention to the need for changes in the Medical Practice Act to bring it up to date, and respectfully recommends that the Michigan State Board of Registration in Medicine be urged to seek these changes, especially with reference to qualifications of board members, at the next session of the Legislature as one of the Board's major activities. It also recommends that additional inspectors be utilized by the State Board of Registration in Medicine, to augment the effective work done by one inspector during the past year.

6. Finally, we recommend a stronger, active and where necessary a financial interest by physicians in other organizations created to uphold our constitutional form of government. Few physicians are able to sacrifice time from their daily practice to fight battles for the principles to which they ardently ahere; it is vital, therefore, that support be given by the individual practitioner of medicine not only to his county, state and national medical organizations, but to other aggressive committees or leagues which are seeking the same results desired by the doctor.

We have spared neither time nor effort in our legislative work, and we believe that we have gained further respect for the Michigan State Medical Society from legislators, elective officers of the State, the press and the general public.

Again, to all the hundreds who have responded to our requests for assistance, we thank you most heartily.

Respectfully submitted,

HAROLD A. MILLER, M.D., *Chairman*
L. G. CHRISTIAN, M.D.
BURTON R. CORBUS, M.D.
I. W. GREENE, M.D.
WM. H. HONOR, M.D.
STANLEY W. INSLEY, M.D.
O. G. JOHNSON, M.D.
CHAS. S. KENNEDY, M.D.
G. L. MCCLELLAN, M.D.
A. R. MILLER, M.D.
E. W. SCHNOOR, M.D.
O. D. STRYKER, M.D.
P. R. URMSTON, M.D.
J. B. BRADLEY, M.D., *Advisor*
HENRY E. PERRY, M.D., *Advisor*

ANNUAL REPORT OF LIAISON COMMITTEE WITH STATE BAR, 1938-39

In reporting on the activities of the Liaison Committee with the State Bar of Michigan for this year, we wish to state that no formal meeting of the committee has been held. No matters have been referred to the committee by the Michigan State Medical Society.

In addition your chairman contacted Mr. Earl W. Munshaw of Grand Rapids, who is chairman of the analogous committee of the State Bar of Michigan and he had nothing to suggest for our consideration.

Respectfully submitted,

LEITOZHE SNYDER, M.D., *Chairman*
C. W. BRAINARD, M.D.
A. F. JENNINGS, M.D.
A. D. RIKER, M.D.
THOMAS WILENSKY, M.D.

ANNUAL REPORT OF ADVISORY COMMITTEE ON NURSES' TRAINING SCHOOLS, 1938-39

The Advisory Committee on Nurses' Training Schools met with the State Nurses Board of Registration on March 8th in Lansing.

The question of reopening nurses' training schools at the Memorial Hospital in Owosso and the City Hospital in Benton Harbor were taken up, and at the same time, there was a discussion of the nurses bill which was being considered by the legislature.

At the meeting we were assured that we would get all the coöperation possible in re-establishing the training schools. However, since this meeting, the Memorial Hospital in Owosso has made application for reëstablishing its nurses' training school and after about 3 months' delay the hospital was told that it would have to live up to the rules regarding training schools to the letter and that it would have to affiliate 6 months in pediatrics and medicine. The regulations state that for a hospital this size a daily

average of 7 patients is necessary in pediatrics; The Owasso Hospital has had a daily average of 7 plus. The rule states that medical service should approximate ¼ of the surgical cases and in this hospital the medical cases were over ½ the surgical cases.

This information was conveyed in a letter written June 5th by Miss Stahlnecker which arrived at the hospital June 17th. In other words, we wish to report that we have been given the so-called "run around" by the Board of Registration of Nurses and practically speaking, have accomplished nothing.

The only encouragement we have to date, is that we could establish a training school for trained attendants which, while it isn't what we need or what we want, may be what we will have to consider.

Sincerely yours,

A. L. Arnold, Jr., M.D., *Chairman*
Cecil Corley, M.D.
Wm. E. Ellet, M.D.
H. A. Miller, M.D.
E. A. Oakes, M.D.
F. J. O'Donnell, M.D.

ANNUAL REPORT OF COMMITTEE ON THE DISTRIBUTION OF MEDICAL CARE, 1938-39

The Committee has this year largely concerned itself with the problem of voluntary group medical care. The House of Delegates at a special meeting in Detroit in January, empowered The Council to proceed with such a plan. This required the development of an Enabling Act, helping to influence its passage and developing details including the following:

(1) A unit contract
(2) A cash contract
(3) A tentative fee schedule
(4) A survey fee schedule
(5) An analysis of medical insurance plans
(6) A membership agreement
(7) A subscriber's application blank
(8) A tentative structure of the corporation
(9) By-laws
(10) Questionnaire on the application of voluntary health insurance
(11) Cash indemnity policy
(12) Structure of cash indemnity corporation
(13) Physician's contract
(14) Diagnostic card
(15) Control card
(16) Perspectus
(17) Child's policy
(18) Family Policy
(19) Articles of incorporation

At the May meeting of the Executive Committee of The Council, all details developed by the Committee were turned over to the Executive Committee of the Council, advising that the time had come when an Executive Secretary or Manager should be appointed to proceed with the development.

Respectfully submitted,

Ralph H. Pino, M.D., *Chairman*
Harry F. Becker, M.D.
T. S. Conover, M.D.
S. W. Hartwell, M.D.
Wm S. Reveno, M.D.
J. M. Robb, M.D.
G. B. Saltonstall, M.D.
E. L. Thirlby, M.D.
R. G. Tuck, M.D.
Stuart Yntema, M.D.
Wm. H. Marshall, M.D., *Advisor*

ANNUAL REPORT OF IODIZED SALT COMMITTEE, 1938-39

The Iodized Salt Committee has had under consideration for several months the preparation of a pamphlet for use in iodized salt propaganda. A sub-committee was appointed to meet with the salt men to prepare such a pamphlet, and the material drawn up was submitted to each member of the Iodized Salt Committee for their correction and final approval.

Respectfully submitted,

D. Murray Cowie, *Chairman.*
Thomas B. Cooley, M.D.
David J. Levy, M.D.
Edgar Martmer, M.D.
Fred Miner, M.D.

ANNUAL REPORT OF LIAISON COMMITTEE WITH MICHIGAN HOSPITAL ASSOCIATION, 1938-39

There have been no meetings of the committee nor has anything been accomplished during the past year.

Due to the highly controversial and argumentative subject of Group Hospital Insurance that was in existence during the early part of the year, it was decided to allow the Executive Committee and The Council the privilege of liaisoning the hospitals rather than this committee. So there is nothing to report.

Respectively submitted,

T. K. Gruber, M.D.
A. L. Arnold, Jr., M.D.
W. D. Barrett, M.D.
Reuben Maurits, M.D.
E. A. Oakes, M.D.
E. R. Witwer, M.D.

INFLUX OF REFUGEE PHYSICIANS FOCUSES ATTENTION ON CITIZENSHIP QUESTION

The influx of refugee physicians has focused attention on the question of citizenship in the granting of licenses to practice medicine.

J. E. McIntyre, M.D., Lansing, Mich., secretary of the Michigan State Board of Registration in Medicine, in *The Journal of the American Medical Association* for March 18 says:

"It is interesting to note that most states have already required either United States citizenship or first papers as a condition precedent to taking the state board examinations. Only the following states require neither full citizenship nor first papers at the present time: California, Illinois, Massachusetts, New Hampshire, New Mexico, New York, Ohio, Texas, Utah and the District of Columbia. Either by state law or by a ruling of the state boards of registration in medicine, the following states now require full United States citizenship: Alabama, Arkansas, Delaware, Florida, Georgia, Indiana, Kansas, Kentucky, Michigan, Missouri, Montana, Nevada, Nebraska, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, West Virginia, Wyoming and, except in the case of Canadians, Arizona, Iowa and Minnesota."

Department of Economics

L. Fernald Foster, M.D., Secretary

74 BRIGHT LIGHTS ON YOUR 74TH BIRTHDAY CAKE

Plans are now completed for the 74th Annual Meeting of the Michigan State Medical Society, to be held in Grand Rapids. A meeting of the House of Delegates on Monday, September 18, will be followed by four days of Scientific Assemblies. The addition of an extra day this year makes provision for ten extra speakers before the General Assemblies.

This year's session, following the precedent of the past two years, will be of the General Assembly type. The thirty-eight speakers appearing at the General Sessions will provide a well-rounded postgraduate program for the physicians in attendance. These essayists, all from out-of-state, will discuss subjects pertaining to every phase of the practice of medicine. The subjects, designed largely to serve the general practitioner, will be presented in a practical way and with a distinct clinical significance. The appearance of men from out of Michigan on the General Assembly program enables the County Societies and Postgraduate Conferences to make a wider use of the many splendid Michigan men on other occasions throughout the year.

Wednesday morning of convention week will be devoted to Section Meetings for topics of a more specialized nature, and for the election of section officers.

A small Scientific Exhibit will be presented this year by various organizations and institutions. The lack of available space has precluded this phase of the annual meeting at the past several sessions.

An unusual Technical Exhibit has been arranged for this year. Nearly one hundred spaces have been provided for a display of the latest accredited products and appurtenances of modern scientific development. Every provision has been made for your comfort in viewing these exhibits and convenient periods for this purpose have been interspersed between the speaker assignments.

The unique arrangement of the Civic Auditorium and one hotel in Grand Rapids makes it possible to hold this great convention under one roof. Other modern hotels are within short distances of the Auditorium.

By an unusual coincidence there appear seventy-four essayists on the program of this, the 74th Annual Meeting of the Michigan State Medical Society. No meeting of the State Society in its long history has provided such a fine program of Postgraduate Education, recreation, relaxation and vacation opportunities. This great scientific spectacle has been made possible by the sustained interest and coöperation of over 4,000 members of the State Society. It is YOUR meeting and it is hoped that you will avail yourself of its many advantages.

Plan now to be present throughout all the sessions—refresh your knowledge of modern practice, see the new technical devices of scientific interest, meet and greet your friends and classmates and help by your presence to make this a banner convention.

Remember — Grand Rapids — September 19, 20, 21 and 22, 1939.

SENATOR WAGNER'S AMENDMENT REJECTED

The amendment to HR-6635, the Wagner Amendment to the Social Security Act, was not accepted by the U. S. Senate Finance Committee and was not in the bill as it passed the Senate on July 14 and went to conference. Previously this bill had been approved by the House of Representatives. The conference is to settle minor differences in the form by which the House and Senate passed the legislation.

Senator Wagner's amendment proposed to authorize the Social Security Board to make provision for furnishing medical, surgical, institutional, rehabilitation or other services to an ill-defined class of persons unable to work because of disability. His plan seemed to contemplate the establishment of a national medical service for the benefit of such persons regardless of their ability to provide for themselves.

Members of the Senate Committee on Finance, to whom letters of appreciation should be sent by our doctors of medicine,

are Senators Pat Harrison of Mississippi, Chairman; William H. King of Utah, Walter F. George of Georgia, David I. Walsh of Massachusetts, Alben W. Barkley of Kentucky, Tom Connally of Texas, Josiah W. Bailey of North Carolina, Bennett Champ Clark of Missouri, Harry Flood Byrd of Virginia, Peter G. Gerry of Rhode Island, Joseph F. Guffey of Pennsylvania, Prentiss M. Brown of Michigan, Clyde L. Herring of Iowa, Edwin C. Johnson of Colorado, George L. Radcliffe of Maryland, Robert M. LaFollette, Jr., of Wisconsin, Arthur Capper of Kansas, Arthur H. Vandenberg of Michigan, John G. Townsend, Jr., of Delaware, James J. Davis of Pennsylvania, and Henry Cabot Lodge, Jr., of Massachusetts. Address all letters to the United States Senate, Washington, D. C.

Senator Wagner's proposed health bill, S-1620, the National Health Act of 1939, is still before the Senate Committee on Education and Labor.

Save an Order for the M.S.M.S. Exhibitor

GROUP MEDICAL CARE PLAN INCORPORATED

Articles of Incorporation for "Michigan Medical Service" were filed July 14 with the Commissioner of Insurance by officers of the Michigan State Medical Society. Michigan Medical Service embodies the voluntary group medical care plan which is the result of ten years' study and work by the State Society. An enabling act in the 1939 Legislature, to permit this type of non-profit service to the people, was sponsored by the medical profession of this state. The incorporators of Michigan Medical Service are Drs. A. S. Brunk, Detroit; Henry R. Carstens, Detroit; Burton R. Corbus, Grand Rapids; L. Fernald Foster, Bay City; Wilfrid Haughey, Battle Creek; William A. Hyland, Grand Rapids; Henry A. Luce, Detroit; Vernor M. Moore, Grand Rapids; Ralph H. Pino, Detroit; Philip A. Riley, Jackson; Paul R. Urmston, Bay City.

Free Choice of Doctor

By use of the group principle, Michigan Medical Service will act as an agent to enable groups of Michigan's residents to procure medical service in the patient's home, in the physician's office, and in the hospitals of the state. The patient may select the doctor of medicine of his own choosing.

Whole Family Protected

The plan will provide medical services not only to groups of employed people but also to members of their families by the payment of small monthly subscriptions. The State Insurance Department has full regulatory power over this non-profit medical service plan.

Details of Michigan Medical Service—a state-wide program—will be presented to the M.S.M.S. House of Delegates on September 18, 1939.

Save an Order for the M.S.M.S. Exhibitor

WHAT IS A "TORT"?

Malpractice suits are actions in tort. A tort is a wrongful act for which civil action will lie. It is a civil wrong for which legal redress can be rendered by the awarding of money damages and in which the law does not provide punitive action, such as fine or imprisonment, against the offender. A tort is not a crime and differs from a criminal action in that intent is not an important factor. Most malpractice suits are based upon negligence and allege that the physician failed to comply with his implied contract or with one set up by statutory law. A physician may be sued for malpractice because of the acts of his assistants or employees as well as for acts of omission on his own part.

—*"The Roentgenologist in Court,"* by S. W. Donaldson, M.D.

Save an Order for the M.S.M.S. Exhibitor

Special Meeting
Sunday, September 17
Grand Rapids

All members of the Michigan State Medical Society are cordially invited and urged to attend the Special Meeting on Medical Service Problems, Sunday, September 17, 1939, 8:30 p. m., in the Ballroom of the Pantlind Hotel. Group Medical Care Plans, Welfare Problems, and the Afflicted-Crippled Child Laws will be discussed. As you are vitally interested in these important subjects, plan to attend and join in the discussion.

NEW AFFLICTED CHILD LAW

The 1939 Legislature repealed the old Afflicted Child Act (No. 274 of the Public Acts of 1913) and placed on the Michigan Statutes a new Law (Act No. 283 of the Public Acts of 1939) sponsored by the Crippled Children Commission, which is presented herewith:

AN ACT to declare the policy of the state of Michigan with reference to afflicted children; to provide for the medical and surgical treatment of children who are afflicted with a curable malady or are pregnant, and whose parents or guardians are unable to provide proper treatment; to prescribe the function of the probate court and the Michigan crippled children commission in such cases; to provide for, and regulate the making of appropriations to carry out the purposes of this act; and to repeal all acts and parts of acts inconsistent with the provisions of this act.

The People of the State of Michigan enact:

Section 1. Policy of state. It is hereby declared to be the public policy of the state to provide medical and surgical treatment for afflicted children as hereafter defined. The authority for the administration of this act is hereby vested in the Michigan crippled children commission, hereinafter known as the commission.

Sec. 2. Definition. For the purposes of this act, an afflicted child is hereby defined to be any child under 21 years of age, married or unmarried, whose parents or guardians have resided in this state for 1 year, who is afflicted with a physical defect or illness which can be remedied, including acute fracture, or who is pregnant.

Sec. 3. Commission; specific powers and duties. The commission shall have power, here conferred (1) to administer this act; (2) to adopt, alter, amend and rescind rules and regulations to carry out its provisions; (3) to administer a program of services for the afflicted child as defined in section 2 of this act; (4) to make and enforce rules and regulations concerning employes serving the commission, the approval of hospitals and of treatment and the handling of cases; the approval of convalescent homes, boarding homes, caring for afflicted children as herein defined; (5) the fixing of fees and institutional rates and the approval of bills. The said commission may in its discretion accept from private agencies, groups, associations, or individuals, funds or subscriptions to provide through its appropriate agency or instrumentality in developing, extending and improving services for afflicted children, and the administration thereof.

Sec. 4. Books and accounts; report. The commission shall keep such books and accounts as it deems necessary to adequately record and control its transactions and furnish data necessary for policy determination. The commission shall make a biennial report to the governor and the state administrative board showing the amount of money received and expended and a detailed statement of its activities for said period, and a copy of such report shall be furnished each member of the legislature at its first session following the filing of such report with the governor.

Sec. 5. Investigation and report. Whenever there shall be found in any county an afflicted child as herein defined, whose conditions can be remedied, and whose parents or guardians are unable to provide proper care and treatment in whole or in part, application for treatment shall be made to the representative of the commission who shall make an investigation and a certificate showing the physical and mental condition of such child and the financial condition of the family and setting forth the copy of the report of such investigation and the report of the physician or surgeon with reference to such child, and if approved by him, he shall refer the case to the probate judge. It shall be the duty of the probate judge to approve or reject such application, and if approved, he may provide for such care and treatment in the child's home, if possible, at local expense. If such treatment cannot be provided, it shall be his duty to make a report of such condition on blank forms prescribed by the Michigan crippled children commission, and to forward all applications for treatment to the commission. Application for an order admitting an afflicted child to an approved hospital as a state charge must be made not later than 5 days from date of admission. Such order shall carry the date of application.

Sec. 6. Responsibility of commission. Upon receipt of such certificate, it shall be the duty of the commission promptly to consider the matter and determine if the case is acceptable as a state charge. If acceptable, the commission may enter an order, directing that such child be conveyed by one who is approved by the commission to a hospital in the state selected by the attending physician, and which has been approved and designated by the commission for the care of afflicted children, as herein defined. Upon the issuance of such order, the commission shall become charged with the responsibility for the proper handling of the case. The commission may transfer such child to some other hospital for treatment better adapted to its needs, or if the condition of the child becomes such that it classifies as a crippled child, the commission shall transfer the child to a hospital approved for the care of crippled children under the crippled children's act, the intent of this provision being that it shall be the duty of the commission to secure for each child such care and treatment as the particular necessities of the case, in the opinion of the commission, may require.

Sec. 7. Designation of hospitals. Any hospital which fulfills the requirements as set forth in the rules and regulations of the Michigan crippled children commission in force pursuant to the provisions of this act may be approved for the care of the afflicted child as herein defined.

Sec. 8. Hospital reports. Approved hospitals receiving patients under the provisions of this act shall promptly report to the commission on blanks to be provided by the commission for that purpose, the date and hour of admission to and discharge from such hospital, the name of the physician and/or the surgeon who is in attendance, and such other information as the commission may require. Notification of the admittance of an afflicted child shall be mailed to the commission by the superintendent of the hospital within 24 hours. A discharge report, giving the date of discharge, and such other information as the commission may require, must be filed within 1 week from date of discharge. No bill for the care of a child shall be approved unless an entrance and discharge report has been filed with the commission. Each approved hospital shall report progress to the commission on the treatment of all afflicted children remaining in such hospital in excess of 10 days in the manner required by the commission. No bills for hospitalization in excess of

10 days shall be approved in the absence of prior negotiation and permission from the commission for additional care.

Sec. 9. Hospital care and treatment. It shall be the duty of the superintendent of said hospital, upon receiving such child, to provide such child with proper hospital service, either in the in-patient or out-patient service of the hospital. The staff of the proper medical or surgical treatment of the child hospital shall be responsible for the prompt and except where such child is under the care of a private physician or surgeon. No child shall be sent to or received into said hospital unless there is a reasonable chance for him to be benefited by the proposed medical or surgical treatment, and as an aid to the diagnosis, prognosis and treatment of such case, a complete history of each case shall be furnished to the hospital and the commission by the examining physician upon request. Any child who shall be diagnosed after admission as a crippled child as defined by the crippled children's act, or as suffering at admission only from acute pulmonary tuberculosis, or only from any other communicable disease, or only from an incurable mental illness or defect shall be retained in the hospital under this act only for such period as may be necessary to discharge him to his home or to the jurisdiction of some other state act for the care of afflicted children. Appropriate rules and regulations may be adopted to effectuate the transfer of patients pursuant to this section.

Sec. 10. Boarding homes; convalescent and out-patient service. An afflicted child who has been assigned to an approved hospital whose treatment can be rendered through the out-patient department of that hospital, may be assigned by the commission to a boarding or convalescent home approved by the state department of public welfare, and supervised by that department, or any other agency approved by the commission, the cost of such convalescent or boarding care and treatment to be billed to the state as provided for in the rules and regulations and in accordance with the rates and fees set by the commission.

Sec. 11. Expenses of commission. Expenses of the commission in carrying out the provisions of this act shall be paid pursuant to appropriations made by the legislature from time to time out of the general fund of the state. Appropriations for the purposes of this act made to pay the cost of investigations and treatment and for the use of the commission shall be made to the commission and shall be separate and apart from appropriations to make effective the provisions of any other act.

Sec. 12. Cost of investigation and report. The cost of the economic and medical investigation by this act shall be paid by the state according to such schedule of fees and expenses as shall be adopted by the commission: *Provided,* That no person in the employ of the state or any county shall be allowed any compensation or traveling expense other than that provided by law. All claims for compensation shall be itemized for each child and rendered monthly under oath to the commission. When such claims are found to be correct and approved, they shall be paid out of the general fund of the state, appropriated for that purpose.

Sec. 13. Hospital accounting. The superintendent of the approved hospital shall keep a correct account of all medical, surgical and nursing services; hospital, boarding or convalescent home services including all ordinary care and such other necessities furnished to said child in accordance with the hospital, convalescent or boarding homes, and physicians' and surgeons' fees as fixed by the commission. The cost of all hospital services and materials shall not exceed a maximum of $3.50 per day. A charge for hospital services for both the day of admittance and the day of discharge of a patient will not be approved for payment. Professional fees shall not exceed $50.00 for major operation, and in no case shall surgical and/or medical fees exceed $200.00 for any 1 patient in 1 year. Said superintendent shall make and file with the commission an affidavit containing an itemized statement of such costs. No compensation shall be charged or allowed to the admitting physician of any hospital; or to any physician, surgeon or nurse who shall attend or treat any such child at the hospital of the University of the State of Michigan, other than the salary or compensation paid to such person by that hospital. Any physician or surgeon treating any such child at any hospital other than the hospital of the University of Michigan may be allowed reasonable compensation as fixed by the commission, and paid by a separate warrant drawn to his order and delivered through the approved hospital. The commission shall fix schedules of compensation to be paid to any hospital, physician or surgeon for the clinical examination, treatment and hospital maintenance of an afflicted child. The schedules of fees and rates herein provided for shall be established and published by the commission at such time as the commission may deem necessary.

Sec. 14. Audit and payment of hospital expenses. Upon filing the affidavit with the commission, and following the approval by the commission, it shall be the duty of the auditor general to audit the same according to the rates fixed by the commission and to draw an order on the treasurer of the state of Michigan for the amount of such costs and forward the same to the approved hospitals. The compensation as fixed and approved by the commission shall be paid through the hospital to the physician or surgeon performing the services hereunder by a separate warrant drawn to his order except at the hospital of the University of the State of Michigan. The warrant of the auditor general for hospital services shall be made payable to the particular hospital rendering services hereunder and delivered to it in payment of such services: *Provided,* That no crippled child as defined by the crippled children's act, or any other child exempted by this act, shall be entitled to care to be paid for by the state under this act. Payment shall be refused on any billing rendered 60 days or more after the discharge of the patient from the hospital.

Sec. 15. Communicable diseases. All costs of care for communicable diseases of afflicted children while in approved hospitals under this act shall be paid by the state and recharged to the county from which the child was committed as provided in the laws dealing with the treatment of communicable diseases.

Sec. 16. Transportation costs. The cost of transportation of such child to and from such hospital shall be paid by the county in which such child resides or from which said child was admitted, and it shall be the duty of the county treasurer to pay such transportation expense out of the general fund of the county upon receipt of the proper certificate of approval thereof from the probate court of the commission.

Sec. 17. Payments by parents or guardians. No child shall be committed to any hospital for medical or surgical treatment under this act until the parents or guardians of such child have entered into an agreement with the commission that they will

repay, if they have been determined to be financially able to do so, the state of Michigan, for the actual cost of such medical or surgical treatment on such terms as shall meet the approval of the commission. Payment of such costs by such parents or guardians shall be made to the treasurer of the county from which the child was admitted, in accordance with the agreement. Said treasurer shall forward to the commission on the fifteenth of each month all payments received, and the commission shall duly credit the account, forward the moneys received to the treasurer of the state, who shall credit these payments to the fund for the cost of the care of afflicted children under this act, and make the money available for reëxpenditure hereunder.

Sec. 18. Payment by the state not pauper aid. Such charges as are paid by the state shall not be deemed to have been paid as state or pauper aid, and no person shall be deemed a pauper in consequence of his inability to pay for the care and treatment of a child in an approved hospital under this act.

Sec. 19. Appropriation. The cost of carrying out the provisions of this act shall be paid from money appropriated to the commission for that purpose by the legislature. Appropriations under this act made for the use of the commission and to reimburse the general fund for expenditures hereunder shall be separate and apart from appropriations under any other act.

Sec. 19a. Limitation of state liability. The appropriation made for any fiscal year for medical treatment of afflicted children or for any other service furnished under this act, shall be allocated as follows: 75 per cent of said appropriation shall be allocated among the several counties of the state on the basis of their respective population according to the last federal census; 25 per cent of said appropriation shall be allocated among the several counties of the state on the basis of their respective needs. It shall not be competent for the auditor general to draw warrants for service rendered the residents of any given county in excess of the amount allocated for said county for the fiscal year as in this section provided. Whenever the bills for the service actually rendered in a given fiscal year in a given county shall exceed the amount so allocated to said county, such excess bill or bills shall not be paid by the state then or at any other time, but shall be returned by the auditor general to the probate court wherein it originated, and shall be paid from the funds of said county.

The amount of money paid by the state for service rendered in any month shall be limited to an approximate maximum of one-twelfth of the annual allocation for the county concerned and shall in no case exceed 12½ per cent of such annual allocation.

Whenever the bills for service actually rendered during any month shall be less than the amount allocated to such county, the amount due such county in accordance with the allocation shall be credited to such county on the succeeding monthly bills.

On the first day of each fiscal year the auditor general shall transmit to the judge or judges of probate in each county a statement showing the amount of funds allocated to each of the several counties of the state for the current year and, within 5 days following the first day of each month, the auditor general shall transmit to the judge or judges of probate in each of the counties a statement of the total expenses paid by the state under this act in their respective counties during the preceding month. Such monthly statement shall be designed to reflect, in addition to the total cash payments made in the preceding month, the months in which the services for which payment is made were actually rendered and the amount on account of each such month.

It is the purpose of this section to so limit the liability of the state for each of the services furnished under this act that (1) the appropriations made by the legislature for any fiscal period will represent the total obligation of the state, (2) that the state will not be required to spend funds beyond the amount of such appropriation and (3) that deficiency or supplementary appropriations will be unnecessary. This section shall be so construed as to effectuate this purpose and it shall be absolutely binding upon the probate courts of this state, any other provision of law to the contrary notwithstanding.

Sec. 20. Funds received from federal government and/or other sources. The state treasurer shall (1) receive all funds granted to the state by the federal government and/or other sources for expenditures under the provisions of this act; (2) act as custodian of such funds; (3) keep them in a separate account; (4) and disburse the funds upon certification by the treasurer of the commission.

Sec. 21. Provisions of act not compulsory. No official or agent, or representative, in carrying out the provisions of this act, shall enter any home or take charge of any child over the objection of the parents, or either of them or the person standing in loco parentis or having other custody of such child, and nothing in this act shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child or the agency or agencies to be employed for such purpose except by judicial order.

Sec. 22. Any parent or guardian, official of hospital, physician, employe of county or state or any other person found guilty of wilfully making a false statement or of wilfully giving, accepting, or concealing false information for the purpose of securing aid under this act shall be guilty of a misdemeanor and shall be punished by a fine of not more than $500.00 or imprisonment in the county jail for not more than 90 days. Any official of any hospital or any physician who shall bill the state under the provisions of this act for the care of a patient and also attempt to force any parent, relative, or guardian of such patient or the patient to pay an additional sum for such care, and who shall be found guilty thereof, shall be punished in the same manner.

Sec. 23. Act number 274 of the public acts of 1913, as amended, being sections 12889 to 12895, inclusive, of the compiled laws of 1929, is hereby repealed. All other acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

Sec. 24. Should any provision or section of this act be held to be invalid for any reason, such holding shall not be construed as affecting the validity of any remaining portion of such section or this act, it being the legislative intent that this act shall stand, notwithstanding the invalidity of any such provision or section.

Sec. 25. This act may be known and cited as the "afflicted children's act."

This act is ordered to take immediate effect.

CORRESPONDENCE RE AFFLICTED-CRIPPLED CHILD PROBLEMS

June 13, 1939.

Honorable Luren D. Dickinson
Governor of Michigan
The Capitol
Lansing, Michigan

Dear Governor Dickinson:

The Executive Committee of The Council of the Michigan State Medical Society is deeply concerned over recent legislation affecting crippled and afflicted children.

The deficiency appropriation to pay for hospital and medical bills contracted for by the State was set by the Legislature at only $726,000, while the total bills for this service will exceed the biennial appropriation by approximately $1,200,000. The Michigan State Medical Society is concerned over the *unpaid* deficiency because the hospitals which rendered this service represent charitable institutions which in some cases may find it difficult to continue operation if these bills are not paid; and the physicians and surgeons who rendered service did so at a 50 per cent discount on the assumption that these secured bills would be paid promptly.

Another matter which concerns the M.S.M.S. is the problem of providing necessary hospital and medical care for the large number of crippled and afflicted children during the next two years.

The Legislature set the annual appropriation at $800,000, *which represents a cut of 73% in this important State service.* The result will be that many deserving children cannot receive hospitalization, which, if provided at this time, would be economically advantageous to the State in years to come.

Our unfortunate children have unwittingly been penalized, but since the State will suffer the most in the long run, we respectfully recommend that the matter be reconsidered.

In this problem as well as in all medical matters, the Michigan State Medical Society offers its cooperation and help.

Very respectfully yours,
Michigan State Medical Society,
P. R. Urmston, M.D., *Chairman of the Council*
Henry A. Luce, M.D., *President.*

June 29, 1939.

Honorable Luren D. Dickinson
Governor, State of Michigan
Lansing, Michigan

Dear Governor Dickinson:

The Executive Committee of The Council of the Michigan State Medical Society regrets the enactment of recent legislation relative to the appropriation for the purpose of paying hospitals and physicians for the care of afflicted and crippled children. Previous rates and fees were accepted as barely covering the cost to both hospitals and physicians. It is neither just nor possible to expect the purveyor to render service below actual cost.

This is not to be construed to mean that the individual members of the medical profession will repudiate their traditional charitable and humanitarian attitude in the face of acute emergencies and suffering.

We respectfully urge that a Special Session of the Legislature be called, to include provision under the Afflicted-Crippled Children Acts, for remuneration to hospitals and physicians which will at least cover the cost of rendering their services, and make it possible to provide adequately for social and human needs.

Respectfully submitted,
Executive Committee, The Council, M.S.M.S.
Henry A. Luce, M.D., *President*
P. R. Urmston, M.D., *Chairman*
L. Fernald Foster, M.D., *Secretary.*

July 18, 1939

Michigan Crippled Children Commission
458 Hollister Bldg.
Lansing, Michigan

Attention: W. S. Ramsey, M.D., Secretary.

Gentlemen:

Your letter of June 30 was presented to the Executive Committee of The Council, Michigan State Medical Society, at its meeting of July 12.

1. You suggest that we send a letter to our county and district medical societies requesting them to submit a list of names of physicians who might be interested in the position of Medical Coördinator, without salary at the present time. We shall comply with this request, but must reiterate that we believe such a set-up will never be as satisfactory or efficient as the three- or five-man Filter Committee which the medical coördinator would replace. It would appear that the services of our Medical Filter Committees were an unappreciated contribution to the State.

2. You ask that the Michigan State Medical Society write the Commission its views on the reduction in physicians' fee schedules made by the Commission.

While the Executive Committee of The Council, M.S.M.S., appreciates the great problems of your Commission, we invite your attention to the fact that the reduction in fees which you have ordered makes it impossible for Doctors of Medicine to render their services except at a *loss.* We cannot recommend to our county medical societies that their members render services below cost. We are disappointed that the Commission felt it necessary to take this action without conferring with the Michigan State Medical Society through its Executive Committee of The Council. You appreciate that Schedule A represented fees which barely covered the cost to physicians. It is neither just nor possible to expect the purveyor to render service below actual cost.

This is not to be construed to mean that the individual members of the medical profession will repudiate their traditional charitable and humanitarian attitude in the face of acute emergencies and suffering.

We feel that for services rendered in the past, physicians should be paid at the prices agreed upon, and we expect these charges to be paid in full.

We wish to assure you of our coöperation with your Commission in caring for afflicted and crippled children within the limits above defined. Unwittingly these unfortunate children have been penalized, but since the State will suffer most in the long run, we respectfully recommend that your Commission reconsider the reductions made in Schedules A and C, and that it use its influence at a Special Session of the Legislature to the end that the unpaid deficiency be wiped out and that adequate monies be appropriated for the next biennium to perform necessary services.

Very respectfully yours,
L. Fernald Foster, M.D., *Secretary.*

Executive Committee of the Council

June 22, 1939

Highlights:

1. **Articles of Incorporation of "Michigan Medical Service," covering the M.S.M.S. voluntary group medical care plan, approved for submission to Michigan Insurance Commissioner.**
2. **Afflicted-Crippled Children Laws' problems.**
3. **Michigan State Medical Society exempt from federal income taxes.**

1. Roll Call. The meeting was called to order at 2:15 p. m. in the Statler Hotel, Detroit, by Chairman P. R. Urmston. The minutes of the meeting of June 8 were read and approved.

2. Voluntary Group Medical Care Plan. The Executive Committee studied the Articles of Incorporation as submitted by the attorney. On motion of Drs. Brunk-Haughey, and carried unanimously, the name was designated as "Michigan Medical Service."

Motion of Drs. Haughey-Brunk that the Articles of Incorporation, Article Five, should read that the Board of Directors shall be not less than *11* or more than 35 persons. Carried unanimously.

After thorough study of the proposed Articles of Incorporation, motion was made by Drs. Haughey-Carstens that said Articles of Incorporation be adopted as a whole, with amendments as made at this meeting. Carried unanimously.

The Executive Committee recessed for a trip to Windsor, Ontario, to investigate the Essex County Medical Society's plan for voluntary non-profit group medical care. Thereafter, the members returned to Detroit in company with Drs. F. A. Brockenshire, R. E. Holmes and M. S. Douglas and Mr. O. W. Holmes of Windsor. Group Medical Care plans were discussed further.

A letter proposed to be sent from Michigan Medical Service and Michigan Society for Group Hospitalization to employers, suggesting that they wait for the more inclusive plan of group hospitalization and group medical care which is and will be offered by Michigan's two non-profit organizations, was read. Motion of Drs. Carstens-Brunk that the letter be authorized to be sent to a selective list of employers in Michigan, in coöperation with the Michigan Society for Group Hospitalization. Carried unanimously. This will supplement publicity which will result from the incorporation of "Michigan Medical Service."

The need for further assistance in development of Michigan Medical Service was brought out by President Luce. After discussion, motion was made by Drs. Moore-Brunk that Mr. J. D. Laux of Chicago be interviewed, re employment. Carried unanimously.

3. Afflicted-Crippled Child. Commissioner Fenech of the Crippled Children Commission stated that the Commission had held a meeting on June 21 to discuss the problems incident to the $500,000 appropriation for afflicted child work in the next year versus an expenditure (based on past experience) of $1,600,000. The Commission is trying to cut down the cases and asked for a conference between representatives of the Michigan State Medical Society, Michigan Hospital Association, and the Probate Judges, on June 28 at 12:30 p. m., Statler Hotel, Detroit.

Matters to be discussed at this meeting: (a) Shall the present fee schedule be cut; (b) Shall less hospitals in Michigan be approved; (c) Development of medical coördinators in counties and districts of the State.

Full discussion resulted in a motion by Drs. Haughey-Brunk that we recommend that the present schedule of fees be continued, although we recognize that it is not sufficient to cover actual overhead costs of medical service. Carried unanimously.

The matter of distributing the deficiency appropriation between hospitals and physicians was discussed. Dr. Foster stated that Secretary Ramsey of the Commission stated there would be no cut rate settlement, that the $726,000 deficiency appropriation will be applied on the total bills due, only as a partial payment on bills for the fiscal year 1938-39. It is the sense of the M.S.M.S. that a ruling be promulgated to the medical profession that the deficiency appropriation be considered as part payment on the legally-assumed obligation of the state for work ordered from physicians and hospitals during the fiscal year 1938-39, and that the balance due be paid by another deficiency appropriation. Carried unanimously.

4. M.S.M.S. Taxes. This matter was presented by the Executive Secretary, who reported that the U. S. Treasury Department had rescinded its ruling of October, 1938, and will consider the M.S.M.S. a business league, exempt from the payment of income taxes, if the M.S.M.S. medico-legal defense is terminated. The same status as a business league has been given to the A.M.A., which has appealed the loss of its status as an educational and scientific institution. The Executive Committee decided that no action be taken, pending the result of the A.M.A.'s appeal.

The Executive Committee requested that the special committee on Medico-Legal Activity be requested to submit recommendations re the future of the medico-legal work of the M.S.M.S.—if the M.S.M.S. House of Delegates discontinues this service next September.

5. Adjournment. The meeting was adjourned at 11:50 p. m.

UPPER PENINSULA MEDICAL SOCIETY

MEETING OF 1939

Escanaba, Michigan

August 23 and August 24, 1939

WEDNESDAY, AUGUST 23, 1939

10:00 A. M.-12:00 Registration, Delta Hotel and Bonifas Memorial Auditorium. Registration fee ($5.00) includes luncheons and banquet and dance for two.

12:00 (noon) LUNCHEON—SHERMAN HOTEL

Program

A. H. Miller, M.D., Toastmaster

1. Address of Welcome—O. S. Hult, M.D., Gladstone, President Delta-Schoolcraft Medical Society.
2. "Our Changing Medical Service"—A. H. Miller, M.D., Gladstone, President UPMS.
3. "Michigan's Group Medical Care Plan"—H. A. Luce, M.D., Detroit, President MSMS.
4. "Problems Facing the Practitioner"—L. Fernald Foster, M.D., Bay City, Secretary MSMS.

H. F. HELMHOLZ, M.D.

W. W. BAUER, M.D.

Afternoon Session

Bonifas Auditorium

1:30 Henry F. Helmholz, M.D., Rochester, Minn. "Urinary Tract Infections in Children."

2:15 Francis D. Murphy, M.D., Milwaukee, Wis. "The Diagnosis and Treatment of Acute Cardiovascular Emergencies."

3:00 to 3:30 INTERMISSION TO VIEW EXHIBITS.

3:30 A. B. Mitchell, M.D., and L. G. Christian, M.D., Lansing. "Serum Treatment of Pneumonia."

4:15 W. E. Blodgett, M.D., Detroit, Michigan. "First Aid Treatment of Fracture—Transportation."

Evening Session

7:00 Annual Banquet—Delta Hotel
A. H. Miller, M.D., Toastmaster
W. W. Bauer, M.D., Chicago, Illinois.
"Popular Beliefs That Are not So."

9:00 p.m. Open House—Dance—Floor Show. Delta Hotel.

THURSDAY, AUGUST 24

H. CASPARIS, M.D.

JOHN T. MURPHY, M.D.

Morning Session

Bonifas Auditorium

A.M.

9:00 Election of Officers.

9:15 Wheelock Chamberlain, Marquette, Michigan "Social Security for Physicians."

9:30 Henry R. Carstens, M.D., Detroit, Michigan. "Peripheral Vascular Disease."

10:15 INTERMISSION TO VIEW EXHIBITS.

10:45 Horton R. Casparis, M.D., Nashville, Tenn. "Tuberculosis"

11:30 John T. Murphy, M.D., Toledo, Ohio. "The X-ray Treatment of Advanced Superficial Malignancy illustrated by Colored Lantern Slides."

1:30 p.m. Golf, and Boat Rides.

The Woman's Auxiliary will entertain the visiting ladies. A full program has been arranged, including luncheon, bridge and golf.

OFFICERS

OF THE UPPER PENINSULA MEDICAL SOCIETY

A. H. Miller, M.D., Gladstone, President
S. C. Mason, M.D., Menominee, President-Elect
N. J. Frenn, M.D., Bark River, Secretary

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MICHIGAN'S DEPARTMENT OF HEALTH

HENRY A. MOYER, M.D., Commissioner
LANSING, MICHIGAN

DR. MOYER SUCCEEDS DR. GUDAKUNST

Dr. Henry A. Moyer of Charlotte has succeeded Dr. Don W. Gudakunst as Commissioner of the Michigan Department of Health, taking office on August 1. Dr. Moyer has been appointed by the Governor for the four-year term ending in 1943, the appointment being confirmed June 30 by the Senate.

Dr. Gudakunst has directed the Department since February 1, 1938, completing the unexpired term of former commissioner Dr. C. C. Slemons of Grand Rapids. Previous to becoming state health commissioner, Dr. Gudakunst had served for 14 years with the Detroit Department of Health, becoming deputy commissioner of that department and director of its school health service. His efficient administration of state health activities was commended by Governor Dickinson at the time the appointment of Dr. Moyer was announced.

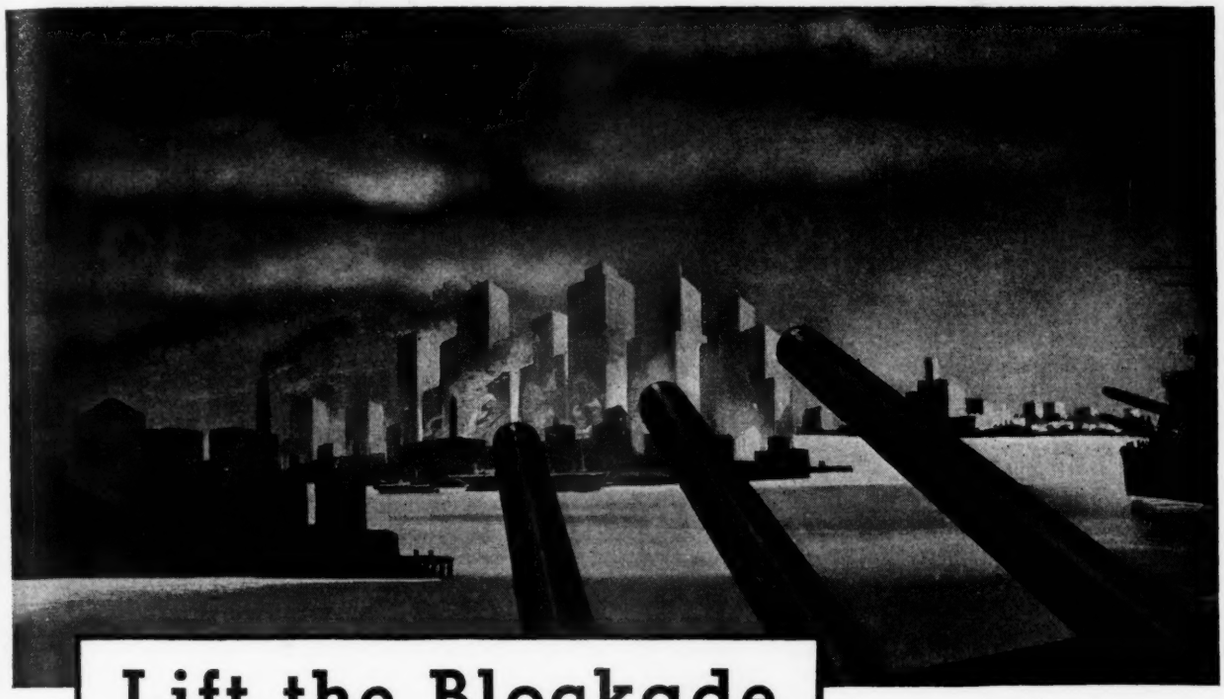
Dr. Moyer for the past 38 years has practiced medicine in Eaton County, specializing in surgery. Born in Chester Township, Eaton County, in 1876, Dr. Moyer obtained his early education in public schools there and in Grand Rapids. He graduated from the Detroit College of Medicine in 1901 and was licensed to practice the same year. Dr. Moyer served as health officer of Charlotte for four years and as city alderman for a similar period. He is a past president of the Eaton County Medical Society and a member of the Michigan State Medical Society and the American Medical Association.

SANITARY REGULATIONS ADOPTED

The State Council of Health meeting in advisory session with the State Health Commissioner at Traverse City June 22, 1939, approved regulations of this Department with reference to the construction and maintenance of outhouses as defined in the recently enacted sanitary privy law.

The new law, Act No. 273, P.A. 1939, with its accompanying regulations will be an effective means of improving the sanitation of rural, resort and suburban areas, health officials believe. The act makes it unlawful to maintain any "outhouse unless the same shall be kept at all times in a sanitary condition, and constructed and maintained in such manner as not to injure or endanger the public health." Equally effective within the boundaries of urban areas as well as in the rural counties, the new law will make it unnecessary for health officials to prove that a public nuisance exists, for the insanitary outhouse is now legally recognized as a source of fiy-borne diseases. The sanitary control of outhouses located within 200 yards of any neighboring residence, or any store or restaurant where food, milk or drink is served, or within 200 yards of any public gathering place, is specifically included within the scope of this act.

Since this law does not become effective for 90 days after final adjournment of the legislature, the intervening period is being used by state and local sanitary officials for an intensive educational program directed toward correction of existing unsanitary conditions. Copies of the sanitary privy law and the regulations and minimum standards of construction may be obtained upon request to the State



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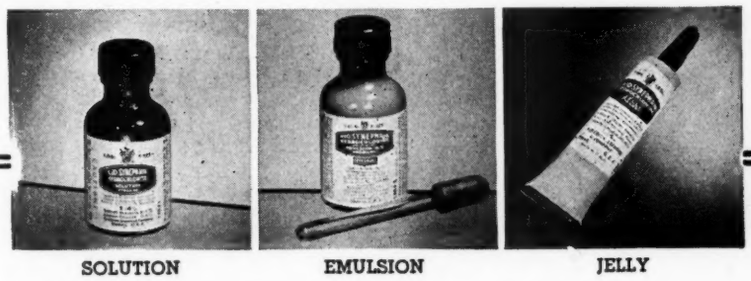

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Department of Health at Lansing or from the full time local health departments.

PERTUSSIS VACCINE AVAILABLE SEPTEMBER 1

In the pamphlet "Immunization and Diagnostic Procedures" recently printed by the Michigan Department of Health and distributed to its membership by the Michigan State Medical Society, it was announced that pertussis vaccine could be obtained from this Department. This vaccine, however, is not yet being produced for general distribution. An appropriation for this purpose will become available July 1 and production will be undertaken immediately. It is expected that pertussis vaccine will be available for general distribution to health officers and physicians on or before September 1, 1939.

Additional copies of this pamphlet are available to physicians upon request to the Michigan Department of Health at Lansing. The procedures outlined represent the consensus of the best current practices and have been approved by theh Michigan Branch of the American Academy of Pediatrics, the Michigan State Medical Society and this Department.

The Immunization Record Form and Schedule for parents illustrated on the back cover of this bulletin is now being printed in quantities for general distribution. A copy of the Immunization Record Form will be sent to parents along with each Certificate of Registration of Birth. Physicians may obtain these record forms upon request for distribution to their patients.

DICKINSON COUNTY HEALTH DIRECTOR

E. F. Hoffman, M.D., has been appointed director of the Dickinson County Health Department, effective June 1. Dr. Hoffman succeeds Dr. Philip Bourland, who has resigned. Previous to accepting his new position, Dr. Hoffman had served as assistant director of the Ingham County Health Department. His new headquarters will be at Iron Mountain.

TUBERCULOSIS CASE-FINDING

Michigan during the past two years has led all other states in the number of tuberculosis cases reported per reported death from this disease, according to a survey recently completed by the American Tuberculosis Association.

A record of 3.39 cases per death in 1938 and 3.05 cases per death in 1937 was established by Michigan health agencies as the result of intensive case-finding programs. These programs have been carried on with the objective of finding and securing treatment for early cases. The District of Columbia and New York followed in succession after Michigan in 1938.

There were 6,335 new tuberculosis cases reported in Michigan last year compared with 6,469 in 1937.

Deaths declined from 2,119 in 1937 to 1,866 last year, and the death rate from 43.9 per 100,000 population to 38.3.

RABIES INSTRUCTIONS

In order to correlate the procedures of local health officers, physicians and others in the handling of animals suspected of having rabies, the Bureau of Epidemiology has issued the following instructions:

I. *Quarantine.*—Animals exposed to rabies or suspected of having rabies should be isolated under

strict quarantine and observed daily by a competent veterinarian.

II. *Avoid Killing Animals.*—Animals suspected of having rabies should not be killed except when quarantine cannot be established. If the animal is killed before full development of symptoms, the changes in the brain produced by the disease may not be detected by the laboratory.

III. *Preparation for Shipment.*—If the animal must be killed, avoid injury to the brain which would result from crushing the skull or shooting through the head. Brain tissue decomposes rapidly and the specimens should be shipped in the manner described to avoid decomposition.

The head should be removed and placed in a clean lard pail or similar tight, moisture-proof, metal container. Then this container should be placed in a larger similar container containing a mixture of ice and sawdust. The outside container should then be sealed by solder or by moisture-proof adhesive tape. After the container is properly labeled it should be shipped to the laboratory by the fastest possible methohd, preferably by messenger in an automobile.

Do not ship more than one head in a container.

IV. *Information Submitted with Specimen.*—

1. A complete case history including all symptoms manifested by the animal should accompany the specimen in addition to the clinical diagnosis if made.
2. Name and title of person submitting the specimen; i.e., M.D., Health Officer, Veterinarian, etc.
3. Name and address of owner of the animal.
4. Names and addresses of all persons exposed.
5. Age and breed of animal.
6. Date of death.

A recommended schedule for the treatment of cases bitten by rabid animals or by animals suspected of having rabies has also been prepared by the Bureau of Epidemiology. The recommended number of treatments indicated by the circumstances of the case and the type and location of the exposure are shown in the following table. Rabies vaccine may be obtained by physicians without charge from the Michigan Department of Health.

RECOMMENDED SCHEDULE FOR ANTI-RABIC TREATMENT

Group	Circumstances	Head and Neck Exposure*				Extremities and Body Exposure*			
		Bite			Saliva	Bite			Saliva
		Severe	Mod.	Mild		Severe	Mod.	Mild	
A	1. Dog killed or died with rabies or suspected rabies, irrespective of laboratory findings. 2. Dog killed or died with no suspicion of rabies, but with positive brain. 3. Dog alive with rabies.	21	21	21	14	21	14	14	14
B	1. Dog lost** 2. Dog killed or died with no suspicion of rabies and brain unavailable or unsatisfactory.	21	21	14	0	14	14	14	0
C	1. Dog killed with no suspicion of rabies and satisfactory brain negative.	Treat until animal inoculation result available.			0	0	0	0	0
D***	1. Dog isolated and suspected of having rabies.	5	5	5	0	5	5	5	0
E***	1. Dog isolated and suspected of having been exposed to rabies.	5	5	5	0	5	0	0	0

DEFINITIONS:
* *Severe Bite:* Lacerated wounds or multiple punctures.
Moderate Bite: Puncture wound through skin.
Mild Bite: Indentation or scratch with no evidence of bleeding.
Saliva: Skin intact but saliva present.

NOTE: A recent scratch, hangnail, etc., should be considered for the purpose of treatment as a mild bite.

** If the reported behavior of the dog was suspicious, treat as in Group A. Fomites are to be considered as of no significance unless there has been rapid transfer of saliva from a rabid dog to an abrasion.

*** The treatment schedules under D and E are temporary. If the dog dies or becomes rabid, treat as in A or B. If suspicious symptoms disappear, stop treatment. Release dog if well after ten days.

Some authorities recommend two treatments daily for the first week for severe bites of head and neck in Group A.

POLIOMYELITIS

Eight cases of poliomyelitis have been reported in Michigan during the first six months of 1939. A study of the distribution of this disease throughout the United States since the first of this year made by the U. S. Public Health Service indicates that the incidence of poliomyelitis remained lower than the expectancy according to the five-year median. The only recent outbreak has occurred in South Carolina, and at present that one is apparently on the decline. The Public Health Service reports that nowhere else is poliomyelitis sufficiently prevalent to cause alarm. The present incidence in Michigan would not indicate any widespread outbreak to be expected during the coming months.

LABORATORIES IN MICHIGAN REGISTERED FOR THE SERO-DIAGNOSIS OF SYPHILIS

Reg. No.	Name of Laboratory
	Adrian
202	Emma L. Bixby Hospital
	Albion
205	James W. Sheldon Memorial Hospital
	Ann Arbor
5	St. Joseph Mercy Hospital
6	University Hospital
127	University Health Service
	Battle Creek
9	Battle Creek Sanitarium
234	Community Hospital
11	L. Y. Post Montgomery Hospital
175	Rothberg Laboratory
	Bay City
13	Bay City Health Department
191	Gamble Clinical
211	General Hospital
14	Mercy Hospital
	Benton Harbor
170	Clinical Lab., Mercy Hospital
	Cadillac
239	Mercy Hospital
	Coldwater
219	Branch County Medical
	Dearborn
245	Bagley Medical Group
166	Dearborn Clinical
183	Ford Motor Co. Medical
	Detroit
1	Detroit Health Department
188	Alexander Blain Hospital
220	Angus McLean
195	Brooks
162	Buesser
223	Campbell Clinical
203	Central Laboratories
18	Children's Hospital
100	Clark Clinical
140	Chas. G. Jennings Hospital
17	Delray General Hospital
225	Detroit Med., Surg. & Dental Group
164	Detroit X-Ray & Clinical
226	Downtown Clinical
189	East Side General Hospital
201	East Side Medical
227	Edyth K. Thomas Memorial Hospital
198	Ellwart Clinical
113	Evangelical Deaconess Hospital

156 Fairview Sanatorium
136 Florence Crittenton Hospital
21 Grace Hospital
73 Harper Hospital
176 Havers
22 Henry Ford Hospital
224 Jamieson Allergy & Clinical
199 Jordan Clinical
236 Lincoln Hospital
206 Marr General Hospital
142 Medical Clinical
177 Michigan Bell Telephone Co.
180 Michigan Diagnostic Clinic
242 Mt. Carmel Mercy Hospital
157 Nottingham Clinical
25 Owen Clinical
88 Parkside Hospital
26 Physicians' Service
27 Providence Hospital
28 Receiving Hospital
222 Reveno, Wm. S.
165 Robinson Clinical
31 St. Joseph's Mercy Hospital
32 St. Mary's Hospital
76 Schaefer
181 Stafford, Frank
196 Stafford Biological
212 Trinity Hospital
237 Wilson Polyclinic
117 Women's Hospital

Eloise

97 Seymour Hospital

Flint

35 Flint Health Department
36 Hurley Hospital
209 St. Joseph's Hospital
112 Women's Hospital
213 Sullivan
214 Zimmerman

Goodrich

246 Goodrich General Hospital

Grand Rapids

2 Western Michigan Division, Mich. Dept. Health
167 Allergic & Clinical
38 Blodgett Memorial Hospital
40 Brotherhood
37 Butterworth Hospital
41 St. Mary's Clinical
42 Western Michigan Clinical

Grosse Pointe

116 Cottage Hospital
244 Grosse Pointe Hospital
158 Nottingham Clinical

Hamtramck

94 Hamtramck Health Department
210 St. Francis Hospital

Hastings

231 Pennock Hospital

Highland Park

217 Detroit Osteopathic Hospital
44 General Hospital

Houghton

3 Upper Peninsula Division, Mich. Dept. Health

Iron Mountain

193 Itzov Clinical

Jackson
146 Jackson Health Department
45 Mercy Hospital
186 W. A. Foote Memorial Hospital

Kalamazoo
47 Kalamazoo Health Department
91 Bronson Methodist Hospital
48 Kalamazoo State Hospital
46 New Borgess Hospital

Lansing
0 Central Diagnostic Division, Mich. Dept. Health
163 Larkum Clinical
69 St. Lawrence Hospital

Lapeer
125 Lapeer State Home & Tr. School

Marquette
126 Morgan Heights Sanatorium
134 St. Luke's Hospital
248 St. Mary's Hospital

Marshall
204 Oaklawn Hospital

Monroe
141 Diagnostic Clinic
104 Mercy Hospital
187 Monroe Hospital

Mount Clemens
51 Macomb County
50 St. Joseph Hospital

Mount Pleasant
247 McArthur-Strange Clinic & Hospital

Muskegon
53 Hackley Hospital
54 Mercy Hospital

Niles
118 Pawating Hospital

Northville
111 Wm. H. Maybury Sanatorium

Owosso
107 Memorial Hospital

Plainwell
230 Wm. Crispe Hospital

Pontiac
56 Dept. Health & Gen'l Hospital
57 Oakland County Health
128 Pontiac State Hospital
132 St. Joseph's Mercy Hospital

Port Huron
200 Port Huron Hospital
58 St. Clair County

Powers
241 Branch Laboratory, Mich. Dept. Health

Roseville
83 Roseville Health Department

Royal Oak
240 Royal Oak Hospital

Saginaw
59 Central Laboratory
235 St. Mary's Hospital

Sault Ste. Marie
154 Chippewa Co. War Memorial Hospital
229 Sault Polyclinic

South Haven
218 South Haven City Hospital

St. Johns
108 Clinton Memorial Hospital
168 St. Johns Clinic

St. Joseph
216 St. Joseph Sanitarium

Sturgis
182 Sturgis Memorial Hospital

Traverse City
62 Traverse City State Hospital

Wahjamega
243 Mich. State Hospital for Epileptics

Wyandotte
63 Wyandotte General Hospital

Ypsilanti
150 Ypsilanti State Hospital

IN MEMORIAM

Frank S. Bachelder, M.D.

Dr. Frank S. Bachelder, of Pontiac, died on July 17, 1939, after a ten-day illness. A graduate of the University of Michigan, Dr. Bachelder was a former professor of biology at Drake University. From 1912 to 1924, he served as assistant superintendent of the Pontiac State Hospital. He was attached to the Army Medical Service during the World War and was stationed at Fort Sheridan. Dr. Bachelder was a member of the Detroit Neurological Society, the Oakland County Medical Society, the Michigan State Medical Society, and was also a Mason. Surviving are his wife, Dr. Bertha Bachelder; a daughter, Mrs. Susan Hitrovo; three sons, Nathan, Frank and Peter, of Pontiac; and two brothers, Herman and Cale.

Dr. J. A. Bates

Dr. James A. Bates, a prominent member of the Hillsdale County Medical Society, died on May 17, 1939. Dr. Bates had been in active practice in Camden, Michigan, until a few days before his death. He was born in 1866 in Columbia, Ohio, the son of Dr. Orson Bates. With the exception of two years spent in Cambria, Dr. Bates had lived in Camden most of his life. He is survived by his wife, Elizabeth Palmer Bates, six children, six grandchildren and two sisters.

Dr. Jay O. Spinning

Dr. Jay O. Spinning of Litchfield, Michigan, passed away at the age of eighty-six, on May 29, 1939. Dr. Spinning was born in New York State in 1853 and was a graduate of the Hahnemann Medical College, Philadelphia, Pennsylvania. He practiced medicine in Litchfield for sixty-three years. He leaves his wife, Lou, and three nephews, Ralph Spinning of Birmingham, Herbert Spinning of Batavia, New York, and Henry Pratt of Detroit.

General News and Announcements

The 100 Per Cent Club of the Michigan State Medical Society

Branch County Medical Society
Cass
Clinton
Delta-Schoolcraft
Gogebic
Grand Traverse-Leelanau-Benzie
Hillsdale
Houghton-Baraga-Keweenaw
Huron-Sanilac
Ingham
Ionia-Montcalm
Jackson
Lapeer
Livingston
Luce
Manistee
Mecosta-Osceola-Lake
Menominee
Midland
Muskegon
Newaygo
O.M.C.O.R.O.
Oceana
Ontonagon
Ottawa
St. Clair
St. Joseph
Shiawassee
Tuscola
Wexford-Kalkaska-Missaukee

Other County Medical Societies are near the 100 per cent mark—being out of the honorary club by just one or two members not having paid 1939 dues. Help your society to be in the 100 Per Cent Club.

E. A. Wittwer, M.D., Bay City, has been appointed to the Medical Legal Defense Committee of the Michigan State Medical Society.

* * *

Young physician is interested in obtaining a private practice or assistantship with established practitioner. Write H. K., 2020 Olds Tower, Lansing.

* * *

Dr. Clark D. Brooks of Detroit has been appointed member of the Detroit Board of Education to serve the unexpired term of the late Dr. Angus McLean.

* * *

News of the sudden passing of Alex. J. MacKenzie, M.D., of Port Huron, on July 19, on board his yacht while on a cruise to Georgian Bay, has just been received.

* * *

"Hemochromatosis" is the title of an article appearing in the *Journal of the American Medical Association* under date of June 24, 1939, written by C. H. Binford, M.D., and W. E. Sharpe, Jr., M.D., of Detroit.

* * *

The 18th Annual Scientific and Clinical Sessions of the American Congress of Physical Therapy will be held September 5-8, 1939, at the Hotel Pennsylvania, New York City. Preceding these sessions the Congress will conduct an intensive instruction seminar in physical therapy for physicians and technicians August 30 to September 2.

* * *

Young, married doctor desires a suitable location in a town of 10,000 to 15,000 either in a deceased doctor's office, partnership, or willing to buy practice if price and terms are reasonable. Write P.R., 2020 Olds Tower, Lansing.

* * *

The June meeting of the Berrien and Cass County Medical Societies was held at Dewey Lake on June 8th, with the Cass Society as hosts. S. W. Becker, M.D., gave an interesting and enlightening talk on "The More Common Skin Conditions."

* * *

The St. Clair County Medical Society met at the Hotel Harrington in Port Huron on May 23. The program consisted of a round table discussion of "Vitamins" led by Drs. Ralph M. Burke, Douglas Treadgold and A. L. Zemmer, all of Port Huron.

* * *

L. A. Seeley, M.D., of the National Institute of Health, Washington, D. C., was a visitor in the Executive Offices of the Michigan State Medical Society on July 13. The main activity of the National Institute of Health is cancer research and education.

* * *

Burt R. Shurly, M.D., Detroit, will be guest of honor at the annual meeting of the American Academy of Ophthalmology and Otolaryngology in Chicago next October 8-14. Selection for this distinction is considered the highest honor in the gift of the Academy.

* * *

Correction! "A. E. Anderson," listed as Chairman of the Committee on Maternal Health of the Dickinson-Iron County Medical Society on page 553 of the July issue of THE JOURNAL should be "E. B. Andersen." We are sorry this typographical error occurred.

* * *

A special meeting on "Medical Service Problems" will be held Sunday, September 17, 1939, at 8:30 p. m. in the Ballroom of the Pantlind Hotel, Grand Rapids. All members and Delegates of the Michigan State Medical Society are invited and urged to attend this session at which Group Medical Care Plans, Welfare, and the Afflicted-Crippled Children Laws will be discussed.

* * *

A "State Society Night" for the upper section of the lower Peninsula, sponsored by the O.M.C.O. R.O. County Medical Medical Society was held at the Northern Michigan Tuberculosis Sanatorium, Gaylord, Mich., May 26, 1939, at 6 p. m. Following the dinner, Dr. P. R. Urmston, Bay City, Councilor of the 10th District, introduced Dr. E. J. O'Brien, Detroit, who spoke on the "Surgical Treatment or Management of Pulmonary Tuberculosis," which was thoroughly enjoyed by the forty or fifty doctors present.

Doctor, register at each booth in the Grand Rapids Convention and Exhibition. The exhibitors are anxious to coöperate with you in helping us put on a Convention second to none among State Medical Societies. They deserve the opportunity of meeting you and showing you what they have that is new and better in the field of medical supplies and equipment. They will appreciate your registering at their booth. Save an order for the M.S.M.S. Exhibitor.

* * *

Honorary, Retired, Emeritus and Association Membership in the M.S.M.S.: Please certify to the Executive Office, 2020 Olds Tower, Lansing, at least thirty days in advance of the Annual Meeting (no later than August 19), the names of any of your members for whom Special Memberships in the State Society will be sought next September. The membership records of physicians recommended by county medical societies for special memberships must be checked before final submission to the House of Delegates.

* * *

Afflicted and Crippled Child Commitments for June, 1939—Afflicted Child: Total cases 1,103, of which 186 were sent to University Hospital and 917 to miscellaneous hospitals. From the above 147 were committed from Wayne County, 18 going to University Hospital and 129 to miscellaneous hospitals.

Crippled Child: Total cases 1,214, of which 343 were sent to University Hospital and 871 to miscellaneous hospitals. From the above 24 were committed from Wayne County, 3 going to University Hospital and 21 to miscellaneous hospitals.

* * *

The Tenth Annual Golf Tournament of the Wayne County Medical Society will be held at the Oakland Hills Country Club, just west of Redford Road on Maple Road, outskirts of Birmingham, Wednesday, August 23, 1939. The hours for teeing off are from 9:00 a. m. to 3:00 p. m. The day's play will be climaxed with a dinner, entertainment and distribution of prizes. All members of the Michigan State Medical Society are cordially invited to participate and try for one of the many fine prizes offered. Tickets are $5.00 including golf, dinner, entertainment and prizes, and may be procured at the club on tournament day.

* * *

"You Can End This Sorrow" is the title of a compact statement of the problem of congenital syphilis for the layman. Accompanying the leaflet is the statement, "Every syphilitic baby is a failure of maternal education. The extent of that failure is indicated by the fact that last year it is estimated 60,000 babies were born with syphilis in addition to 25,000 stillbirths. At least half of these syphilitic births and deaths were unnecessary." The leaflet emphasizes the importance of early examination and treatment in every pregnancy. Copies of the pamphlet are available for one dollar per hundred copies from the Superintendent of Documents, Washington, D. C.

* * *

Dr. Raymond B. Allen, who for the past three years has been dean of the Medical Department of Wayne University, has resigned to accept the position of executive dean of the Chicago Colleges of the University of Illinois to enter upon his work in Chicago on September 1st. Dr. Allen's new position will be coördinator of the Colleges of Medicine, Dentistry and Pharmacy of the University of Illi-

nois. Dr. Allen will be greatly missed in Detroit, where during his three years there, he fairly revolutionized medical education. During this period, according to the council on medical education, Wayne University Medical School has made greater progress than any other medical school in the country.

* * *

At the recent examinations held by the American Board of Obstetrics and Gynecology at St. Louis, Mo., on May 13, 14, 15, and 16, 1939, 228 candidates were certified. The following successful candidates are from Michigan: George H. Agnew, M.D., Detroit; Russell W. Alles, M.D., Detroit; Lester E. Bauer, M.D., Detroit; Albert E. Catherwood, M.D., Detroit; Harrison S. Collisi, M.D., Grand Rapids; Hampton P. Cushman, M.D., Detroit; Clair E. Folsome, M.D., Ann Arbor; Owen C. Foster, M.D., Detroit; Harold A. Furlong, M.D., Pontiac; James L. Gillard, M.D., Muskegon; Harold Henderson, M.D., Detroit; W. Bede Mitchell, M.D., Detroit; John P. Ottoway, M.D., Detroit; Harry A. Pearse, M.D., Detroit; Roger S. Siddall, M.D., Detroit; Loren C. Spademan, M.D., Detroit; and A. Kenneth Stolpman, M.D., Birmingham.

* * *

A.M.A. INDICTMENT QUASHED!

Justice James M. Proctor, upholding a defense demurrer to indictments, ruled on July 26 that the American Medical Association and its fellow defendants were not engaged in a trade as defined by the antimonopoly statutes. Counsel for the doctors had contended their activities could not be governed by the Antitrust Law, that they were engaged in a "learned profession" rather than a trade. On December 20, 1938, a District of Columbia Grand Jury, acting on evidence presented by the Justice Department, indicted the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery, the Harris County (Texas) Medical Society and twenty-one individual physicians for violation of the Sherman Antitrust Law. These organizations and individuals, the indictment read, were "engaged in a continuing combination in conspiracy in restraint" of trade in hampering the activities of Group Health Association, Inc., for the District of Columbia, an organization established in 1937 to hire physicians and nurses and provide hospital care on a coöperative basis to government employes. Defense attorneys had contended that all their clients' activitives were directed solely at the maintenance of the ethics and standards of the profession.

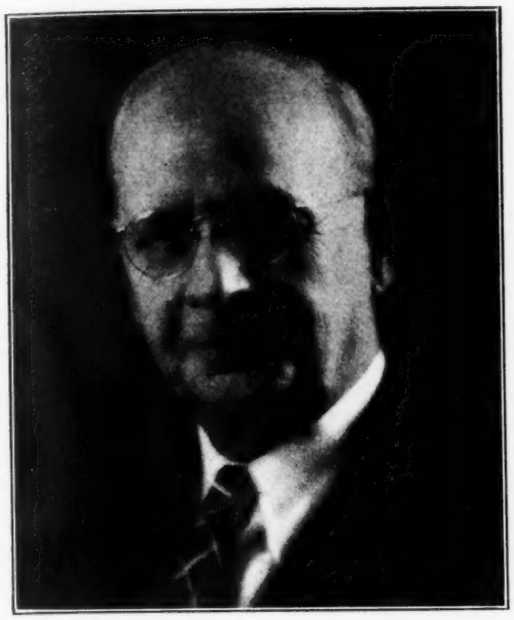
At the headquarters of the Association, officials, including Dr. Olin West, Secretary, and Dr. Morris Fishbein, Editor, said:

"The principles and policies of the American Medical Association do not forbid nor have they ever contemplated any opposition to a well considered expanded program of medical service, when the need can be established; neither is there any fundamental principle or policy which in any manner opposes aid to the indigent when indigence can be established.

"The American Medical Association has always welcomed investigation by any authorized agency of the nature of its organization or of the conduct of its work or of its activities, firmly reliant in the belief that every action taken by the Association has been in accordance with its constitutional organization in the interests of the public welfare for advancing standards and quality of medical service for the American people; and that at no time has it violated the established law of the federal, state, or municipal governments of this country. Moreover, by the very nature of its organization, it has preserved constantly the democratic principles on which the Government of the United States is founded and maintained."

Michigan's Health Commissioner

Henry Allen Moyer, M.D., of Charlotte, was appointed by Governor Dickinson to the office of State Health Commissioner effective August 1st. Dr. Moyer comes to this important office with the good wishes of the physicians of the state, who have offered him all coöperation in the administration of the State Department of Health.



HENRY ALLEN MOYER, M.D.

Dr. Moyer was born in Eaton County about eight miles from Charlotte, April 12, 1876. He graduated in medicine from Detroit College of Medicine (Wayne University) in 1901, and entered private practice in Charlotte, majoring in surgery. Dr. Moyer has been continually progressive in postgraduate work, making it a rule through the years to be absent from his practice one month of each year doing postgraduate research.

The new State Health Commissioner was Health Officer of the City of Charlotte for four years, and County Health Officer for four years. He was honored by his medical confreres by being elected president of the Eaton County Medical Society, in which capacity he served for two and one-half years, 1936-1937-1938.

Dr. Moyer is married and lives in Charlotte. His daughter is the wife of B. P. Brown, M.D.,

of Charlotte, who has been associated with Dr. Moyer for three years.

Dr. Moyer's hobbies are Public Health and Preventive Medicine; he has made a study of public health for many years. He is also interested in botany; his flower garden in Charlotte is the admiration and envy of all his friends.

He is a member of the Nu Sigma Nu Fraternity; life member of Blue Lodge, Charlotte, No. 120, has been through all the chairs of the Blue Lodge in the Commandery; life member of DeWitt Clinton Consistory and the Saladin Shrine in Grand Rapids.

* * *

Wayne County Maternal Health

The new Committee on Maternal Health of the Wayne County Medical Society is as follows. This committee succeeds the committee for Wayne County which was listed in the July JOURNAL:

Dr. S. Owen Foster, Chairman, Dr. R. W. Alles, Dr. Raymond B. Baer, Dr. M. E. Danforth, Dr. M. A. Darling, Dr. E. A. Duffy, Dr. E. W. Fitzgerald, Dr. Harry M. Nelson, Dr. A. K. Northrup, Dr. H. A. Reye, Dr. E. D. Rothman, and Dr. H. S. Siddall. All members are from Detroit

* * *

Remember Your Grand Rapids Convention! The Committee on Scientific Work has arranged a most outstanding scientific program for you. More than 70 eminent teachers are preparing papers for presentation in Grand Rapids next month. One hundred exhibits are being arranged for your convenience and enjoyment. Don't miss the Grand Rapids Convention, September 19, 20, 21, 22, 1939.

* * *

Our own experience is that it is no use to tell anybody our own experience because they will not be satisfied until they get their own.

Among Our Contributors

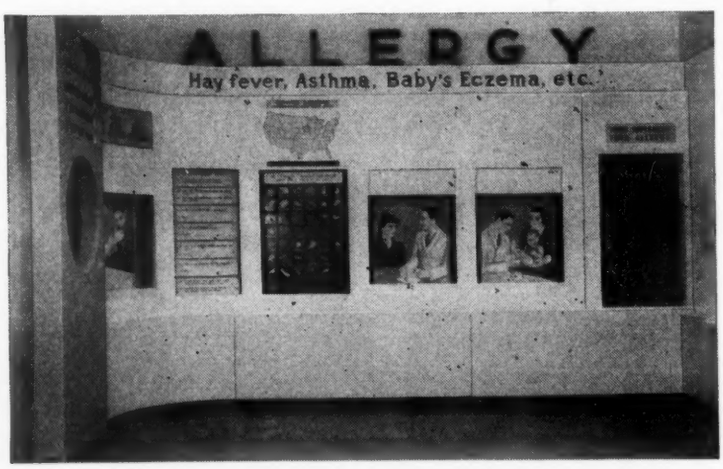
Dr. Frances L. MacCraken received her A.B. degree from Albion College in 1917 and was graduated in medicine from Wayne University College of Medicine in 1921. She has since pursued work at the Alexander Blain Hospital, Harvard Medical College and New York Post Graduate. Dr. MacCraken served ten years as Medical Examiner of Women for the Board of Education of Detroit and is at present Assistant Professor of Therapeutics at Wayne University and a member of the attending Ophthalmological staff of Shurly Hospital.

* * *

Dr. Earl E. Kleinschmidt is a graduate of the University of Michigan Medical School, 1930. He interned at the University Hospital at Ann Arbor in the Department of Internal Medicine, and in 1936, following three years of private practice, he received his doctorate in public health from the University of Michigan, and since then has been a member of the Staff of the Division of Hygiene and Public Health at the University of Michigan. He is a Diplomate of the National Board of Medical Examiners. At present he is Assistant Professor of Public Health and Preventive Medicine.

The Time is Out of Joint.—An Englishman walking in the Highlands entered a farmhouse to ask the time. Noticing an old grandfather clock, he said: "Your clock is surely wrong."

"Naething wrong wi' it," answered the farmer. "It's you that doesna' understand it. When the wee haun's straight up, and the big haun's straight doon, it strikes ten; but the richt time's five o'clock. After that," he continued, "ye've naething to do but calculate."



Lederle's exhibit on Allergy at the New York World's Fair tells in changing dramatic sequences, three two-minute dramas of Allergy: "Tommy Todd's Autumn 'Colds'", "Mrs. Tucker's Wheezes" and "Baby Bing's Eczema." By means of an animated question box and dioramas showing typical scenes in the doctor's office, a search for the offending allergic excitant in each of the three stories is conducted through information obtained by questions, scratch tests and an examination of the patient's family tree. An interesting part of the allergy exhibit is an illuminated transparency chart showing in full color, forty-eight of the most common allergic excitants.